

2018 Town of Islip Pool Membership Application

All pool members must have a current recreation card. Proof of age is required at time of registration.

<p style="text-align: center;"><u>FOR OFFICE USE ONLY</u></p> <p>Location of Pool Membership Pool Location _____</p>	<p style="text-align: center;"><u>POOL MEMBERS CHECK YOUR TYPE OF MEMBERSHIP</u></p> <p style="text-align: center;">Type of Membership: (check one)</p> <p> <input type="checkbox"/> Resident Family <input type="checkbox"/> Senior Citizen Family <input type="checkbox"/> Resident Individual <input type="checkbox"/> Senior Citizen Individual <input type="checkbox"/> Non-Resident Family <input type="checkbox"/> Handicapped Family <input type="checkbox"/> Non-Resident Individual <input type="checkbox"/> Handicapped Individual </p>
<p>Pool members are entitled to use the Ship Wreck cove at the Bay Shore Marina and any other town pool. Add a guest for \$50, includes babysitters, grandchildren on senior membership, or child 22 years an older who live in the pool member household. GUESTS CANNOT REGISTER FOR SWIM LESSONS. MAXIMUM 3 PER MEMBERSHIP. Contact the Sports Office to obtain a guest form, 631-224-5404.</p> <p style="text-align: center;"><u>NO REFUNDS WILL BE ISSUED AFTER JULY 9, 2018</u></p>	

Family Last Name _____ Home Phone _____

Address _____

Spouse #1 Name _____ Date of Birth _____ Sticker # _____
(for official use only)

Spouse #2 Name _____ Date of Birth _____ Sticker # _____
(for official use only)

Child's Name	Gender	Date of Birth	Sticker # (for official use only)

List any medical limitations _____

I have read and understand the rules and regulations of the Town of Islip pool facilities, and that the use of the pool facilities is strictly at my own risk. I accept all conditions as stated therein.

Signature _____ Date _____

Method of Payment: Cash _____	Check _____	Visa/MasterCard _____
Visa/MasterCard #: _____	3-Digit Security Code: _____	Billing Zip Code: _____ Exp. Date: _____
Signature of Card holder _____		Date _____

FOR OFFICE USE ONLY: Receipt # _____ Date Received _____ Cashiers Initials _____

Town of Islip Pool Member Discounted Swim Lesson Application

Parent/Guardian Name _____ Date _____

Address _____ Town _____ Zip _____ State _____

Home Phone _____ Cell Phone _____ Emergency Phone _____

Check One: Byron _____

Section Letter Choice

Participants Name	Age	Date of Birth	Swim Level	Activity #	Section Letter Choice			Location/Site	Fee
					1 st	2 nd	3 rd		
(Example) Jane Doe	8	00/00/0000	Level 3	110104	R	S	X	Byron	\$30

A swim test will be given the first day of class to verify that you are in the appropriate swim level.

List any medical limitations _____

Parent/Guardian Signature if registering a child _____ Date _____