



# INCORPORATED VILLAGE OF FLORAL PARK 2020 SWIMMING POOL APPLICATION



**In-Person Registration: Recreation/Pool Building, 2 Pool & Garage Road.**

**Mail-in-Application: c/o Floral Park Pool, One Floral Blvd. P.O. Box 27, Floral Park, NY 11001**

- \* Please enclose all items as required. Information and membership rates are available upon request.
- \* Submit checks or money orders only, payable to the **Incorporated Village of Floral Park Pool.**
- \* Cash will not be accepted. A fee of \$30.00 may be imposed for checks not honored by your bank.

Please type or print clearly - all required information.

Member last year (Please circle one)                      Yes                      No

Same address as last year (Please circle one)                      Yes                      No

Season Application (Please circle one)                      Family                      Couple                      Individual                      Senior Citizen

Season Application FP Fire Dept. (Please circle one)                      Family                      Couple                      Individual

## MEMBERSHIP APPLICATION

Amount Enclosed \$ \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_ (DOB) \_\_\_\_\_

Partner's Full Name: \_\_\_\_\_ (DOB) \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Children's Names	Date of Birth	Age (as of 6/1/20)	School (as of 9/20)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any special needs? If so, please describe. \_\_\_\_\_

I HEREBY APPLY FOR A 2020 SEASON PASS AT THE FLORAL PARK SWIMMING POOL. I UNDERSTAND AS THE PATRON/MEMBER INDIVIDUALLY, AND/OR ACTING ON BEHALF OF ENROLLED IN FULL THAT I SHALL BE LIABLE FOR ANY PROPERTY DAMAGE AND/OR PERSONAL INJURY (CAUSED BY A MEMBER, GUEST OR ANY OTHER PERSONS) AT THE V.F.P. POOL COMPLEX FOR THE 2020 SEASON, DURING ANY ACTIVITY, FUNCTION, ARRANGED OR SPONSORED EVENT. IT IS MY OBLIGATION TO PAY FOR ANY COSTS INVOLVED UPON PRESENTATION OF A STATEMENT THEREOF. I UNDERSTAND THERE WILL BE NO REFUNDS GIVEN. ANY FALSIFICATION IN THE APPLICATION INFORMATION CAN RESULT IN THE CANCELLATION OF MEMBERSHIP WITHOUT REFUND. I UNDERSTAND WE ASSUME RESPONSIBILITY FOR OUR OWN HEALTH, AND/OR THAT OF THE CHILDREN AS LISTED, AND THAT WE ARE HEALTHY ENOUGH TO PARTICIPATE IN ANY AND ALL ACTIVITIES ASSOCIATED IN MEMBERSHIP. PARTICIPATION IN ANY AND ALL ACTIVITIES, FUNCTIONS, ARRANGED OR SPONSORED EVENT SHALL BE AT SUCH PERSON'S OWN RISK. I AGREE THE INC. VILLAGE OF FLORAL PARK, THE FLORAL PARK POOL, THE V.F.P. RECREATION CENTER, EMPLOYEES, AND RESIDENTS SHALL NOT BE LIABLE FOR ANY INJURIES OR DAMAGE, INCLUDING THOSE CAUSED BY BACTERIA OR VIRUS, TO SUCH PERSONS, OR THE PROPERTY OF SUCH PERSONS, OR BE THE SUBJECT TO ANY CLAIM, DEMAND, INJURY, ACTIONS OR CAUSES OF ACTION OR DAMAGES, AND I HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD THEM HARMLESS FROM ANY CLAIM. I ALSO ACKNOWLEDGE READING AND AGREE TO THE POLICIES AND RULES OF THE V.F.P. POOL AS THE PREREQUISITE TO MEMBERSHIP, AND PARTICIPATION IN ANY PROGRAMS. I AGREE THAT ANY PHOTOS TAKEN OF MEMBERS AND THEIR GUESTS MAY BE USED AT THE DISCRETION OF THE V.F.P. RECREATION/POOL DEPARTMENT OR THE INCORPORATED VILLAGE OF FLORAL PARK. THE VILLAGE OF FLORAL PARK RESERVES THE RIGHT TO ADD OR TO MODIFY THE REGULATIONS WHEN NECESSARY.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of guardian for individual pass holder under 18.