



Incorporated Village of Floral Park

2020/2021

RESIDENT LEISURE PASS APPLICATION

(For Residents who are not current VFP Pool Members.)

Name: _____
First / Last Date of Birth

Name: _____
First / Last Date of Birth

Address: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

| Children's Names | Date of Birth | Age | School as of September 2020 |
|------------------|---------------|-------|--------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

- ALL APPLICATIONS MUST:**
- Show one photo ID for each adult applicant (18 years and over) at current address.
 - Provide a Current Utility Bill (within the last month) at applicants current address.
 - Provide a Birth Certificate or Baptismal Certificate Per Child
- A photo will be taken for each pass processed at the Recreation/Pool Building.**

I HEREBY APPLY FOR A LEISURE PASS FOR THE INC. VILLAGE OF FLORAL PARK RECREATION CENTER. I UNDERSTAND AS THE PATRON INDIVIDUALLY, AND/OR ACTING ON BEHALF OF APPLICANTS IN FULL THAT I SHALL BE LIABLE FOR ANY PROPERTY DAMAGE AND/OR PERSONAL INJURY (CAUSED BY SELF, A PATRON, GUEST OR ANY OTHER PERSONS) AT THE VFP RECREATION CENTER, CENTENNIAL GARDENS, ON VILLAGE PROPERTY, OR DURING ANY ACTIVITY, FUNCTION, ARRANGED OR SPONSORED EVENT. IT IS MY OBLIGATION TO PAY FOR ANY COSTS INVOLVED UPON PRESENTATION OF A STATEMENT THEREOF. 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 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 PERSON, OR BE THE SUBJECT TO ANY CLAIM, DEMAND, INJURY, ACTIONS OR CAUSES OF ACTION OR DAMAGES, AND I HEREBY WAIVE, RELEASE, IMDENNIFY AND AGREE TO HOLD THEM HARMLESS FROM ANY ACTION. I AGREE WE WILL ABIDE BY THE RULES AND REGULATIONS THEREOF AND ACCEPT ALL TERMS AND CONDITIONS AND AGREE TO THE POLICIES AND RULES OF THE VFP RECREATION CENTER AS THE PREREQUISITE FOR USE OF THE FACILITY. ANY FALSIFICATION IN THE APPLICATION INFORMATION CAN RESULT IN THE CANCELLATION OF THE LEISURE PASS AND LOSS OF PRIVILEGES. PASSES NOT VALID IF HOLDER MOVES OUTSIDE OF THE INC. VILLAGE OF FLORAL PARK. THE VILLAGE RESERVES THE RIGHT TO LIMIT GUESTS AND PRIVILEGES. GUESTS MUST ACCOMPANY A MEMBER WHO PRESENTS A LEISURE PASS UPON REQUEST, AT ALL TIMES. NOT VALID AS A VFP POOL PASS. I ALSO ACKNOWLEDGE READING. I AGREE THAT ANY PHOTOS TAKEN DURING MY USE OF THE FACILITY MAY BE USED AT THE RECREATION DEPARTMENT'S DISCRETION.

Applicant's Signature: _____ Date Submitted: _____

Recreation Center Use Only below this line:

Employee Signature: _____ Date Processed: _____