

**Floral Park Pool**  
**Full Day Program 2022**  
~ ONE APPLICATION PER CHILD ~

REQUIRED PROOF: VFP 2022/2023 LEISURE PASS/ a Current Resident Pool Pass & BIRTH CERTIFICATE

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

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

Child's Youth Shirt Size: (S) (M) (L) (XL)

2022 Inc. VFP Pool Member/ VFP Resident Fee: \$315.00

2022 Non-Resident Pool Member Fee: \$330.00

**PLEASE CHECK OFF CHILDS ELIGIBILITY**

VFP Resident / Pool Member  Non-Resident Pool

**PLEASE CHECK OFF ONE WEEK OF INTEREST**

<b>Week 1</b>		JUNE 27	to	JUNE 30
<b>Week 2</b>		JULY 5	to	JULY 8 (No class July 4, added on Friday July 8)
<b>Week 3</b>		JULY 11	to	JULY 14
<b>Week 4</b>		JULY 18	to	JULY 21
<b>Week 5</b>		JULY 25	to	JULY 28
<b>Week 6</b>		AUGUST 1	to	AUGUST 4
<b>Week 7</b>		AUGUST 8	to	AUGUST 11
<b>Week 8</b>		AUGUST 15	to	AUGUST 18

Eligibility: Children Ages 5-10 as of June 27, 2022

I hereby apply for enrollment in the 2022 program as chosen at the Floral Park Recreation/Pool Complex. 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. Recreation/Pool Complex for the 2022 program applied for, 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 enrollment in the program 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. /Recreation 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.

I (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ give my Son / Daughter permission to participate in the Inc. Village of Floral Park Pool 2022 Full Day Program.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* COMPLETE NECESSARY INFORMATION ON REVERSE SIDE \***

\*\*For Pool/ Recreation Employee Use Only Below this Line\*\*

**Type of Proof: 2022/2023 V.F.P. Leisure Pass / Current Resident Pool Pass**

Payment: Camp Check No. \_\_\_\_\_ Pool Check No. \_\_\_\_\_ Cash \_\_\_\_\_ Receipt # \_\_\_\_\_

Recreation Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **MEDICAL INFORMATION**

**Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Grade** \_\_\_\_\_  
(LAST) (FIRST)

**Address** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

**Name, Address, and Phone Number of family physician:** \_\_\_\_\_

**Name, address and phone # of two (2) Reliable contacts in case of emergency.**

1. \_\_\_\_\_ **Tel. #** \_\_\_\_\_

2. \_\_\_\_\_ **Tel. #** \_\_\_\_\_

**1. Are there any health related conditions, allergies, or any other needs the Pool/Recreation Department should be aware of in order to plan an appropriate program? (YES) (NO)**

**Please specify if appropriate:** \_\_\_\_\_

**2. Does your child take medications on a regular basis that we should be made aware of (excluding vitamins)? (YES) (NO)**

**Specify:** \_\_\_\_\_

**Does your child swim? (YES) (NO) Level of swimming ability: Beginner Intermediate Advanced**

**Can your child use the diving boards? (YES) (NO)**

I, (Parent's Name) \_\_\_\_\_, understand all the above to be true and that

my child is in good physical condition and participates in this program at his / her own risk.

**Parent's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_