

Floral Park Pool
Full Day Program 2024

~ ONE APPLICATION PER CHILD ~

REQUIRED PROOF: VFP 2024/2025 LEISURE PASS or Current Pool Pass & BIRTH CERTIFICATE

CHILD'S NAME _____ AGE _____ DOB _____

ADDRESS _____ HOME PHONE # _____

Family Email Address: _____

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

Inc. VFP Pool Member/ VFP Resident Fee: \$320.00

Non-Resident Pool Member Fee: \$335.00

PLEASE CHECK OFF CHILDS ELIGIBILITY

VFP Resident / Pool Member Non-Resident Pool

PLEASE CHECK OFF ONE WEEK OF INTEREST

| | | | |
|--------|-----------|----|--|
| Week 1 | JULY 1 | to | JULY 5 (No class July 4, added on Friday July 5) |
| Week 2 | JULY 8 | to | JULY 11 |
| Week 3 | JULY 15 | to | JULY 18 |
| Week 4 | JULY 22 | to | JULY 25 |
| Week 5 | JULY 29 | to | AUGUST 1 |
| Week 6 | AUGUST 5 | to | AUGUST 9 |
| Week 7 | AUGUST 12 | to | AUGUST 15 |

Eligibility: Children Ages 5-10 as of July 1, 2024

I hereby apply for enrollment in the above applied for 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 above 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 2024 Full Day Program.

Parent Signature: _____ Date: _____

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

For Pool/ Recreation Employee Use Only Below this Line

Type of Proof: 2024/2025 V.F.P. Leisure Pass / Current Pool Pass

Payment: Check No. _____ Cash _____ Receipt # _____

Recreation Employee Signature: _____ Date: _____

MEDICAL INFORMATION

Child's Name _____ **Date of Birth** _____ **Grade** _____

Address _____ (LAST) _____ (FIRST) _____ **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** _____