

FLORAL PARK POOL SUMMER 2024

REQUIRED PROOF: VFP 2024/2025 LEISURE PASS/ CURRENT RESIDENT POOL PASS & BIRTH CERTIFICATE

REGISTRATION APPLICATION

~ Fees are Non-Refundable, Check Payable to VFP Pool

CHILDS NAME: _____ AGE: _____

ADDRESS: _____

HOME PHONE # _____ GRADE AS OF SEPTEMBER 2024: _____

E-Mail address: _____

CONTACT OTHER THEN SELF IN CASE OF EMERGENCY

NAME: _____

PHONE # _____

GARDENING Registration Fee: \$ 65.00

MONDAY - THURSDAY 9:00am to 9:45am Begins: Monday July 22 – August 1

TINY TOTS Registration Fee: \$ 65.00 Begins: Friday June 28

FRIDAY 9:00am – 9:50am

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 programs.

Parent Signature: _____ Date: _____

** For Pool/Recreation Employee Use Only **

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

Payment: Check No. _____ Cash _____ Receipt # _____

Recreation Employee Signature: _____ Date: _____