

Please Print Clearly

# Abington Township Swimming Pool Application

Date Issued \_\_\_\_\_

APPLICANT'S NAME'S	D.O.B.	SCHOOL	BAR CODE#	AMOUNT
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____

### Message Area

Base Fee \_\_\_\_\_

Add'l Person(s) \_\_\_\_\_

Total \_\_\_\_\_

*Change of Address from last year*    Yes    No

**-FOR NON-RESIDENTS ONLY-**

Check Pool Attending: Crestmont \_\_\_\_\_

Penbryn \_\_\_\_\_

### WAIVER

I/we the parent/s or guardian/s of the aforementioned child/children agrees that he/they shall be subject to the rules and regulations of the Township of Abington, Parks and Recreation, and will provide a Health certificate of the aforementioned applicant/s upon request of the Township.

I/we hereby agree to forfeit all swimming privileges if I and/or my children permit the use of my/their I.D. Card by any other person than myself/ourselves.

Furthermore, I/we do hereby waive, release and hold harmless the Township of Abington, it's officers, employees and agents and representatives for any injury that I/we may myself/ourselves suffer while on Township property and in the use of any Township property or facilities.

**Your ID Cards are permanent and should be kept from year to year. A charge will be assessed for lost cards.**

### Parent's/Individuals

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Emergency Phone \_\_\_\_\_ Relationship \_\_\_\_\_

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

<b>FOR OFFICE USE ONLY</b>	
Received _____	Payment Cash _____
BY/DATE _____	TYPE Check# _____