

# ABINGTON TOWNSHIP SWIMMING POOL APPLICATION

*Please Print Clearly*

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

**Message Area**

**\*\* DUE TO THE NEW ONLINE  
REGISTRATION SYSTEM -ALL  
NEW I.D. CARDS WILL BE  
REQUIRED START FEBRUARY 2017.**

Base Fee \_\_\_\_\_  
 Add'l Person(s) \_\_\_\_\_  
 Daily and Non-Resident Membership Guest Pass(es) \_\_\_\_\_  
 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 ID 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/Individual's  
Signature** \_\_\_\_\_

**Address** \_\_\_\_\_

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

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

**Emergency** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**PAYMENT TYPE**

CASH \_\_\_\_\_

CHECK # \_\_\_\_\_

VISA/MASTERCARD/DISCOVER 16 DIGIT # \_\_\_\_\_

\_\_\_\_\_ EXP \_\_\_\_\_ (mm/yyyy)

Card Security Code \_\_\_\_\_ (Located on back of card)

<b>FOR OFFICE USE</b>	<b>RECEIVED BY:</b> _____	<b>DATE:</b> _____
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