

WEST CALDWELL SWIMMING POOL

2018 Season Membership

Caldwell, Essex Fells & Roseland Residents

This is your application for membership. If registering by mail, please return this form with your payment (check payable to West Caldwell Pool) to Recreation, 30 Clinton Road, West Caldwell. CHILDREN UNDER AGE TWO (as of June 1st) must register on application but are not required to pay a registration fee.

NO REFUNDS WILL BE MADE FOR ANY REASON AFTER OPENING DAY.

Register online with a credit card - <https://register.communitypass.net/westcaldwell>

(A 2.9% fee will be added if you pay with a credit card either online or in the office)

For returning Pool Members:

The photo ID you received will be reactivated when you sign up and pay for the 2018 season. This will be done automatically whether you pay by check or credit card. You may mail in your registration, come into the office or register online. If you have lost your photo ID from last summer, you may have it replaced for an additional fee of \$20.00 per ID.

For new Pool Members:

All pool members are required to have a photo ID badge. You may either have your picture taken at Town Hall or you may email your picture to recreation@westcaldwell.com. A separate picture for each member on the registration is required. Please label each picture. Registration and Pool Pictures will be taken at Town Hall, 30 Clinton Road, between the hours of 8:45-4:15; Monday through Friday.

ANYONE FALSIFYING THIS APPLICATION, OR ANY PERSON DETECTED LENDING HIS OR HER BADGE, WILL HAVE THEIR MEMBERSHIP REVOKED WITHOUT REFUND.

The Township of West Caldwell invites you to join the West Caldwell Swimming Pools. All patrons must adhere to the following general practices:

Photo ID:

Your photo ID must be scanned as you enter the pool area, even if you run out to your car.

Guest Passes:

Guest Passes will be kept 'on file' in your Community Pass account; one for \$20.00 or 5 for \$75.00. Guests must be accompanied by a member. We will no longer be using paper guest passes. Guest passes leftover from previous years are still valid.

Children:

Children under twelve years of age (as of current year Labor Day) are not permitted to stay without adult supervision.

Alcohol:

No alcohol at any time. Patrons suspected of drinking will not be permitted in the water. Consuming alcohol on facility premises is absolutely forbidden.

Smoking:

Smoking is prohibited on pool grounds.

Floatation Devices:

No floatation devices are allowed at any time.

A complete list of pool rules will be available when you pick up your badges.

Michael Docteroff, Chairperson
West Caldwell Pool Utility

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This is your application and bill for membership. If registering by mail, please return this form with your payment. Children under age two (as of June 1) must be registered on application but are not required to pay a membership fee. No refunds will be made for any reason after opening day.

	Paid by 5/4/18	after 5/4/18
1. Family Membership (Family includes 2 parents and all unmarried children 25 and under) All other relatives and individuals living within the household must obtain a Seasonal Resident Membership and show proof of residency.	\$515.00	\$551.00
2. Couple Membership (Two individuals living at the same address)	\$448.00	\$485.00
3. Single Membership (12 years & up)	\$314.00	\$345.00
4. Senior Citizen Membership (62 years and older)	\$164.00	\$190.00
5. Senior Citizen Couple Membership	\$298.00	\$325.00
6. Seasonal Resident/Sitter Membership (must be purchased by resident in addition to a Single, Senior Citizen, Couple or Family Membership)	\$195.00	\$225.00
7. Replacement Photo ID	\$20.00	\$20.00

Registration by May 4, 2018 entitles you to the following:

2 free guest passes with a Family Membership (automatically added to your account)

1 free guest pass with all other Memberships (automatically added to your account)

YOUR PHOTO ID ENTITLES YOU TO SWIM AT BOTH WESTVILLE AVE. POOL AND CEDAR ST. POOL

CHECK PAYABLE TO 'WEST CALDWELL POOL'

Name _____
 Please Print Last Name First Name

Address _____ Caldwell _____ Roseland _____ EF _____

Tel. _____ Email: _____

(Check one) _____ 2017 Pool Member _____ New Member

Name	Birthdate	Relationship

PROOF OF RESIDENCY WILL BE REQUIRED.

VIOLATIONS OF ADOPTED RULES MAY RESULT IN REVOCATION OF MEMBERSHIP WITHOUT REFUND.

I hereby certify that the information given above is correct and that I will abide by the Swimming Pool Membership Rules and Regulations.

Signed _____ Date _____