New Providence Community Pool and Recreation, Inc.

P.O. Box 744

New Providence, NJ 07974

Website: nppool.org

**NEW PROVIDENCE RESIDENT - MEMBER APPLICATION FOR 2024 SEASON**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ New Member? Yes □ No □

(Last) (First)

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ New Address? Yes □ No □

(Street)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(City) (Zip Code)

\*\*EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Your New Providence CommunityPass account information, receipts, and notifications will be sent to your email address.

List only eligible family members, including yourself (married children not eligible).

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| --- | --- | --- | --- | --- |
| **Name** | **Relationship** | **Date of Birth** | **Phone** | **Email** |
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All members must be enrolled in the fingerscan database or must be willing to provide a photo ID, such as a valid driver's license or official school ID, at each visit.

I have read and agree to abide by the Rules and Regulations for the New Providence Community Pool, adhere to COVID-19 health and safety requirements, and agree to hold harmless, waive, and release any and all rights to claims for damages against the New Providence Community Pool, Inc., its officers, Board of Trustees, employees and agents. Unsigned or undated applications will not be processed.

No admittance without proof of Membership. Membership is not transferrable. No Refunds.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Discounted Early Bird rate if payment received in full by April 15, 2024. Regular rate if payment received after April 15.

Family Membership □ \*$6/$796 Town Employee □

Two Person Household □ \*$481/$566 Board of Ed Employee □

Single Membership □ \*$342/$402 Business Owner □

Individual residing with the Family (proof of residence required) □ \*$342/$402

Senior Citizen (62 or over) □ \*$131/$154

Nanny (entry allowed only on weekdays) □ \*$291/$343

**LEAVE BLANK BELOW**

Payment Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Deposit Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_