

2019 REYNOLDSVILLE POOL MEMBERSHIP APPLICATION

PLEASE READ:

FAMILY MEMBERS INCLUDE:

- *Any family member eligible to be claimed on your Federal Income Tax
- *Foster children living in your home
- *Children 18 or older *if they are attending college*
- *A child you can prove custody of
- *Your own child staying with you for any part of the summer, but only for the time they are living in your household

FAMILY MEMBERS DO NOT INCLUDE:

- *Relatives vacationing with you
- *Children 18 or older *unless attending college*
- *Children you babysit
- *Grandchildren
- *Nieces & Nephews
- *Your child's babysitter (babysitter passes may be purchased for \$20)
- *Any child formerly living in your household

Monthly and weekly passes are available for people vacationing with you. Please fill out the application, read the statement at the bottom, sign and date. Please remember that you are signing a contract. Any questions should be directed to the pool manager.

Name _____ Email Address _____
Address _____
Phone Number _____ Emergency Phone Number _____

Family	Individual	Sr. Citizen (62+)	Babysitter
\$130.00	\$70.00	\$40.00	\$20.00

List all family members to be included on ticket. Give ages of all children.

_____	age _____	_____	age _____
_____	age _____	_____	age _____
_____	age _____	_____	age _____
_____	age _____	_____	age _____
_____	age _____	_____	age _____
_____	age _____	_____	age _____

List any family members allergic to bees _____
Treatment? _____

I understand that my child/children must obey all rules set forth by the Reynoldsville Recreation Commission and enforced by the Reynoldsville Pool Staff or my child/children may be expelled from the pool for an amount of time determined by the pool manager and that children under 8 must be accompanied by a parent or guardian. I have read the above requirements for family membership and all members listed fall under those requirements. I understand that all family memberships will be scrutinized by the Reynoldsville Recreation Commission and pool managers and that a membership may be revoked at any time if a listed family member does not fall under the above requirements.

Signature of Parent or Guardian _____ Date _____

Payment can be mailed to: R.R.C.
P.O. Box 183
Reynoldsville, PA 15851