

Township of Lower Merion Department of Parks & Recreation

PLEASE PRINT CLEARLY

SWIMMING POOL APPLICATION

Please refer to the Fee Chart for cost.

Please check for which pool you are seeking membership.

Belmont Hills Pool

Ardmore Ave Pool

Check Membership Type(s)

Family

Individual

Senior Citizen

Nanny

“Pay as you Go”

Check Membership Length

Full Season

First ½ Season Only

Second ½ Season Only

List All Prospective Members including the applicant Over 2 Years of Age Under 2 as of June 1 st = Free of Charge	Date of Birth	Was this person a member Last Season?		Does this person <u>Have</u> their Scan-able Membership Card?			Relationship to Applicant
		Yes	No	Yes	No	Lost	
1. _____	_____	Yes	No	Yes	No	Lost	_____
2. _____	_____	Yes	No	Yes	No	Lost	_____
3. _____	_____	Yes	No	Yes	No	Lost	_____
4. _____	_____	Yes	No	Yes	No	Lost	_____
5. _____	_____	Yes	No	Yes	No	Lost	_____
6. _____	_____	Yes	No	Yes	No	Lost	_____
7. _____	_____	Yes	No	Yes	No	Lost	_____
8. _____	_____	Yes	No	Yes	No	Lost	_____

WAIVER AND ACKNOWLEDGMENT

I have read the Rules and Regulations for pool membership, agree to inform those other members and guests to whom this application applies of these Rules and Regulations and agree to obey them myself. I understand that memberships are not transferable, may not be used by any other person, and may be revoked for the season if this rule is violated. I/We, the parent/s or guardian/s of the child/children who are applicants for swimming pool membership sponsored by the Township of Lower Merion, hereby grant our approval for such child/children’s participation. We acknowledge that we and not the Township are responsible for the welfare of such child while a participant. I/We hereby release the Township of Lower Merion, its officers, agent, employees, sponsors, and organizers from all liability for any damage and injury to any person or thing in connection with use of the Township’s swimming pool facility except that arising from such person’s willful or malicious misconduct. Furthermore, I hereby agree to refrain from bringing suit against any of the above named on my behalf of such child/children as a result of any such damages or injuries to any person or thing that occurred in connection with the above activity.

Name: _____ Email Address: _____

Home Address: _____ City: _____ Zip Code: _____

Home Phone #: _____ Work Phone #: _____

Applicants Signature: _____ Date: _____

Financial assistance is available to Lower Merion residents who meet certain income eligibility guidelines.

NO REFUNDS AFTER POOL OPENS - MEMBERSHIPS ARE NOT TRANSFERABLE BETWEEN BELMONT HILLS AND ARDMORE AVENUE POOLS

Check or Money Order Payable to: Treasurer, Lower Merion Township. Bring or Mail form to: Department of Parks & Recreation, 75 East Lancaster Avenue, Ardmore PA 19003

FOR OFFICE USE ONLY

Received By: _____	Date: _____	Amount _____	Cash _____	Check # _____	Receipt # _____	Entered into the system on _____ Date
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