

# 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 Pool**

*Check Membership Type(s)*

*Family*

*Individual*

*Senior Citizen*

*Nanny*

*“Pay as you Go”*

*Check Membership Length*

*Full Season*

*First 1/2 Season Only*

*Second 1/2 Season Only*

List All Prospective Members including the applicant Over 2 Years of Age Under 2 as of June 1 <sup>st</sup> = 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. _____	_____						_____
2. _____	_____						_____
3. _____	_____						_____
4. _____	_____						_____
5. _____	_____						_____
6. _____	_____						_____
7. _____	_____						_____
8. _____	_____						_____

### 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: \_\_\_\_\_

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

FOR OFFICE USE ONLY

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