CHEMKA POOL APPLICATION 2024

Last Name(s):		Phone #: ()		
Address:		Email:		
	Renewal Member	ership 🛛 🗆 New Membership)	
All pers	ons 3 years old and older mu	st be photographed for our Re	gistration System	
Name:	DOB://	Name:	DOB: _/_/_	_
Name:	DOB://	Name:	DOB: _/_/_	_
Name:	DOB: _/_/	Name:	DOB: _/_/_	_
 Early Bird Two-Person Family Early Bird Split Season Family* Early Bird Split Two-Person Family* Early Bird Split Two-Person Family* Early Bird Junior Individual Early Bird Full Season Individual* Early Bird Split Season Individual* Sate State St				<u>s):</u> \$570 \$395 \$365 \$150 \$305 \$245
- Non Desident I	Temilu (*	DZE - Contor Citizon (C) o	nd over)	¢00

□ Non-Resident Family
 □ Non-Resident Individual
 □ Special/Caregiver (NAME)
 □ Special/Caregiver (NAME)

*Please specify either: 1st Half (May 25 – July 13) or 2nd Half (July 13 – Sept 8)

The Recreation Department believes that everyone should have the opportunity to benefit from our programs. Financial needs-based assistance is available to qualifying individuals for many fee-based programs.

Proof of residency required for all memberships: driver's license and current utility bill.

Please make checks payable to: Village of Hastings-on-Hudson AMEX, Discover, MasterCard, Visa accepted (with surcharge) for pool memberships! Sorry, no cash accepted.

In consideration of your accepting this registrations form, I, the undersigned, for myself, my executors, administrators, and assignees, do hereby release and discharge the Hastings Recreation Department and any and all sponsors, organizers, and their representatives and successors from all claims of damages, demands, action and causes of actions whatsoever, in any manner arising or growing out of my participation in said program. I further attest that I am physically qualified to participate in this program.

□ I attest that I have read the rules and regulations of the Chemka Pool and agree to abide by them. I further understand that not following the rules and regulations may result in the revocation of membership privileges.

For Office Use Only:	Check/CC:	Date Submitted:	Initials:	
Parent's Signature (if child is u	inder 18 years old): _			
Signature:		Date:		