



# HICKORY PARK COMMUNITY POOL SEASON TICKET APPLICATION - 2012



**Hours of Operation 12:00 Noon – 7:00 PM**

Please fill out the form completely, including the full names of all members who are to be issued a season ticket under this application. This application is to be used for families as well as individuals. Please give the ages of all children, as well as their last names if other than the name of the applicant. Family members on the same membership card are restricted to those members of the immediate family, regardless of age, who reside in the same household. In order to insure fairness, this will be monitored carefully and the Township reserves the right to question and deny and/or revoke any membership for falsifying this information.

Children under the age of twelve (12) must be accompanied by an adult. Children between the ages of twelve (12) and fourteen (14) who do not pass a standard swimming test must be accompanied by an adult. Tests will be administered by the pool staff at no expense. There are no exceptions.

Season tickets may be purchased at the Township Building, Monday-Friday, between the hours of 8:30am and 4:30pm. If mailing your application, please include a self-addressed, stamped envelope so that your tickets can be mailed back to you, otherwise your tickets may be picked up at the pool on or after opening day. Do not send cash through the mail.

If you reserve a picnic pavilion and wish to go swimming your entire group will receive \$1.00 off the daily rate fee. In order to receive the discounted rate, you must present a copy of the pavilion reservation form to the front desk. This discount only applies to the day of your rental.

Pool Opening Date May 26, 2012 - Closing September 3, 2012

**2012 Daily Rates – 12:00Noon to 7:00pm:**

Adults	\$5.00 per day	After 5:00pm	\$4.00
Children (ages 2-12)	\$4.00 per day	After 5:00pm	\$3.00
Seniors (ages 62 and over)	\$2.50 per day		
Children under the age of two are free			

**2012 Season Ticket Rates - 12Noon to 7:00pm:**

New Hanover Township Resident – Family	\$215.00 over 4 family members - \$10.00 per extra member
Non-Township Resident – Family	\$255.00 over 4 family members - \$10.00 per extra member
New Hanover Township Resident – Single	\$115.00
Non-Township Resident – Single	\$140.00
New Hanover Township Resident – Senior	\$ 85.00
Non-Township Resident – Senior	\$120.00

Cash or Check made payable to New Hanover Township please

**2012 – HICKORY PARK COMMUNITY POOL MEMBERSHIP APPLICATION**

Name of Applicant: \_\_\_\_\_

Spouses Name (If applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Alternate Number: \_\_\_\_\_

List each member of the family to be covered by this Family Season Ticket.

Name: \_\_\_\_\_ Age \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

**PLEASE PROVIDE AN EMERGENCY CONTACT:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE \_\_\_\_\_

HOLD HARMLESS AGREEMENT

***In consideration for being permitted access to the Hickory Park Community Pool, the undersigned agrees on behalf of themselves, or their minor children or, if for a family membership, for all other family members and their guests, included in the membership to the following:***

1. To make use of the Hickory Park Community Pool with full knowledge that Such use could result in potential injury, death, or personal property damage.
2. To assume all risks and responsibilities associated with any injuries, death or personal property damage suffered in conjunction with use of the HPCP.
3. To indemnify and hold harmless the HPCP , New Hanover Township, its departments, Employees, agents and volunteers for personal injury, death, or property damage to other parties resulting from or associated with use of HPCP.
4. That HPCP staff have the right to enforce rules of conduct and may remove guests from the premises for failure to comply with these rules. Guests are not entitled to receive a refund after such removal.
5. To provide, if requested, a certified birth certificate or other approved proof of age and, if requested, proof of residency.

***By affixing my signature here, I certify that I am acting as head of household, or responsible party, in agreeing to this liability waiver on behalf of myself and the family members, and their guests who are included with me in my family membership rights.***

\_\_\_\_\_ Printed name    Date \_\_\_\_\_

\_\_\_\_\_ Signature