

Princeton Recreation Department

2022 Community Park Pool Membership: Non-Residents

FAMILY Information (PLEASE PRINT)			
Family Last Name: _____ Address: _____ City, State, Zip: _____ Primary Phone #: _____ Primary Email: _____ Emergency Contact Name: _____ Emergency Contact Phone #: _____	Family Member Information		
	First & Last Name	Date of Birth	Gender
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

***Resident: Residing within the geographical boundaries of the municipality of Princeton. Proof of residency is required.**

Family Plan Definition: Members of the same family unit permanently residing at the same legal address. A family unit is defined as parent(s) or legal guardian(s) and his/her immediate dependents. Dependent is defined as natural, foster, or adopted child, or any minors for whom adult has legal custody. To qualify for a family membership, the dependent(s) of the adult member(s) must not have reached their 21st birthday as of June 1st of that year. Dependents to the age of 23 years as of June 1st may be included in this definition, if they are full-time students (proof will be required). Babysitters, Au Pairs, live-in helpers, and grandparents may qualify to join as separate entities if they also live at this bona fide Princeton address (PROOF WILL BE REQUIRED).

Membership Type

Non-Resident

- Family** Early Bird **\$592** through 4/17, **\$633** after 4/17
- Adult** **\$329**
- Child** **\$198**
- Senior** **\$186**

Payment Method:

Check # (Make checks payable to Princeton Recreation Department): _____

Cash Receipt #: _____

Credit Card #: _____ Mastercard, Visa, or Discover (circle one) Expiration Date: _____

CVV#: _____

Princeton Recreation Department – 2022 CP Pool Membership

AGREEMENT TO PARTICIPATE, ACKNOWLEDGEMENT OF RISK, AND WAIVER OF ALL CLAIMS

PLEASE READ CAREFULLY

I/we recognize that there are certain risks of physical injury inherent in participation in this program, and in order to minimize these risks I/we agree to obey all the rules and regulations, follow all safety procedures, and to obey any and all lifeguards and staff members assigned to this program.

I/we certify that I/we are in proper physical condition for safe participation in this program and agree that it is incumbent upon me/us to immediately inform a staff member should my/our condition change.

Because the Princeton Board of Parks & Recreation Commissioners – Recreation Department is a public entity, I/we recognize that my/our ability to recover damages from the Princeton Board of Parks & Recreation Commissioners – Recreation Department and its officers, agents, servants, and employees as a result of injury, death, or other loss that may be suffered due to my/our participation in this program may be limited by provisions of the Tort Claims Act (N.J.S.A. 59:1-1, et seq.).

By signing below, I acknowledge that I understand my/our responsibilities as outlined above and in addition, I understand that The Princeton Board of Parks & Recreation Commissioners maintains a no-refund policy, however, the Board reserves the right to make exceptions, only if the person has not participated in the program.

Signature: _____

Printed Name: _____ Date: _____

(Parent or Legal Guardian signature required for family membership or minor's registration)