

MEMBERSHIP REGISTRATION APPLICATION

LAST NAME: _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NO. _____ EMAIL _____

ADULT FIRST NAME _____ ADULT FIRST NAME _____

Child

First Name _____ Last Name _____ Age _____ Birthdate: ____/____/____

First Name _____ Last Name _____ Age _____ Birthdate: ____/____/____

First Name _____ Last Name _____ Age _____ Birthdate: ____/____/____

First Name _____ Last Name _____ Age _____ Birthdate: ____/____/____

ALL REGISTRATION APPLICATIONS MUST BE PAID IN FULL
Make checks payable to Township of Mahwah Municipal Pool
You can send the application to P.O. Box 733 Mahwah, NJ 07430

Family Memberships: All applicants must live at the same address.
Child care providers are not considered family members and must have their own membership

Senior Membership: 60 years or older. Proof of age is required for this membership.

INSURANCE WAIVER (All ADULTS MUST SIGN)

I/We understand and agree that upon acceptance of this application I/we shall assume all risk of bodily injury to myself and child(ren) in participation in the activities of the Mahwah Swim Complex, including injury arising out of his or her use of facilities, in connection with activities of said Swim Complex, and we expressly waive any cause of action, claim or lawsuit arising out of such activities in said Swim Complex by myself and child(ren) as against the Township, its agents, voluntary assistants or representatives in any capacity whatsoever.

Visit mahwahtwp.org for more information

Payment is required to be paid in full. All children under the age of 2 are free.

If you have any questions feel free to stop by in the office or call. Email jesposito@mahwahtwp.org

TOWNSHIP OF MAHWAH MUNICIPAL POOL 201-529-4949