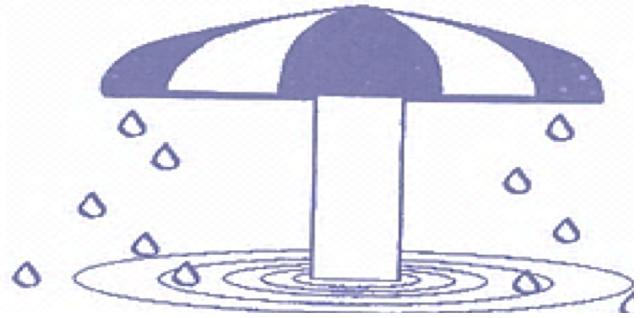


Bernardsville Municipal Pool 2017

Director/ Certified
Pool Operator
Cheryl Ferrante

Program Coordinator
Neil Mastrobuono

Bernardsville
Recreation Department
166 Mine Brook Rd,
Bernardsville



Family Membership includes children who reside at parent's homes, are full-time students, and have not reached their 23rd birthday as of May 28th, 2017

	On or before 4/30/2017	On or after 5/1/2017
Resident	\$410.00 <small>(includes 1 free guest pass)</small>	\$480.00 <small>(includes 1 free guest pass)</small>
Non- Resident	\$595.00 <small>(includes 1 free guest pass)</small>	\$695.00 <small>(includes 1 free guest pass)</small>
Baby Sitter	\$180.00	\$220.00

*Babysitter/ Nanny must accompany child and be 16 years or older. Cost is additional to Family Membership

Single Membership- age 13+ (Must be 13 prior to May 28th, 2017)

Single Resident	\$235.00	\$305.00
Non- Resident	\$380.00	\$495.00

Childcare Person is an individual who watches a child, and for a fee adds the child to the existing membership. The childcare person must be at least 16 years of age and accompany the child/ children they watch.

Childcare per child	\$180.00	\$220.00
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Senior Citizens- age 62+ (Must be 62 prior to May 28th, 2017)

Resident	<i>No Charge</i>	<i>No Charge</i>
Non- Resident	\$140.00	\$140.00

Guest Policy

Guest passes will be available in books of six passes for \$50 and books of 10 passes for \$80. Children under 6 months are free.

Daily Guest Fee.....	\$10
Guest who arrive after 5pm.....	\$5
Seniors.....	\$3
After August 6 th	\$5

POOL HOURS

The pool will open on a part time basis beginning May 27th, 2017. Saturdays 11am- 6pm and Sundays 12pm- 6pm until full time opening on Thursday June 22nd, 2017.

Hours:

Main, Intermediate & Baby Pool

Opening Day until August 7th

Weekdays & Saturdays 11:00am- 7:30pm

(After August 1st, 11:30am opening)

Sundays & Holidays 12:00pm- 7:30pm

August 13th to Labor Day all pools close at 7:00pm

Labor Day pools close at 6:00pm

Certain special events may require pool closings earlier than scheduled. New times will be posted prior to these events.

In case of inclement weather, management reserves the right to close the pool without advance notice. Please contact the pool office if you have any questions.

Snack Bar Will Be Open May 27th

Operating Hours: 12:00pm- 7:30pm

Badges

New members must have a photo ID badge taken on your first visit to the pool.

Returning member's 2016 ID photo badge will automatically be renewed.

Validated once you are registered for the 2017 season and paid in full. Please

retain your photo badges from the previous season. **THERE WILL BE A**

CHARGE OF \$5 FOR LOST OR REPRINTED BADGES.

A copy of the Municipal pool rules and regulations will be distributed.

Bernardsville Municipal Pool Registration

Please complete all fields and return with your check to Bernardsville Recreation, 166 Mine Brook Road, Bernardsville, NJ 07924, or you can sign up on line at: <https://register.communitypass.net/Bernardsville>. All fields are mandatory.

Type of Membership: New: _____ Renewal: _____ Family: _____ Individual: _____ Senior (age 62+): _____ Babysitter: _____

Last Name: _____

Street Address: _____ Town: _____ Zip: _____

Email: _____ Home #: _____ Cell #: _____ Business #: _____

Emergency Contact (Other than family): _____ Emergency Contact #: _____

Family Physician: _____ Physician's #: _____

NAME OF POOL MEMBERS	DATE OF BIRTH	MEDICAL INFO (allergies, medications, etc)
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Adult: _____

Adult: _____

Children: _____

I, _____, the parent and/or the legal guardian of _____ authorize him/her to participate in the described activity conducted or sponsored by the Bernardsville Recreation Department. I understand that this activity involves a risk of injury and I hereby assume the risk of injury, disability or damages which may occur while he or she is participating in this activity. To the extent permitted by law, I release and discharge the Borough of Bernardsville and its officials, officers, employees and agents from any and all liability, claims or damages, and I understand that I will be responsible for all costs of any medical treatment required for any injury that may be sustained by him/her as a result of such participation. Finally, I release the Borough from any claim whatsoever on account of first aid or other medical treatment rendered. Following is insurance information:

Signed: _____ Date: _____ Insurance Company: _____ ID#: _____