

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 #: _____

<u>NAME OF POOL MEMBERS</u>	<u>DATE OF BIRTH</u>	<u>MEDICAL INFO (allergies, medications, etc)</u>
------------------------------------	-----------------------------	--

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#: _____