

2010 Lyndhurst Swim Pass Registration



The City of Lyndhurst shall issue you a non-transferable 2010 pool pass.
This pass is for your use only.

Cash or Check ONLY Please make checks payable to: **City of Lyndhurst**

Last Name: _____

First Name: _____ Age _____ ID Number _____

First Name: _____ Age _____ ID Number _____

First Name: _____ Age _____ ID Number _____

First Name: _____ Age _____ ID Number _____

First Name: _____ Age _____ ID Number _____

Address: _____ City: _____ Zip: _____

Phone #: _____ Cell #: _____ Emergency #: _____

Proof Of Residency: Drivers License: _____ Utility Bill: _____ Clerks Authorization: _____

I. DEFINITION OF A FAMILY-Ordinance No. 2010-8, Sec 1.

“Family”, as used in this section, means the members of a household living a single housekeeping unit in a dwelling unit who are related to the nominal head of the household or to the spouse of the nominal head of the household, and includes: 1.) Husband or wife of the nominal head of household. 2.) Unmarried children (23 years or under) of the nominal head of household, provided that such unmarried children have no children residing with them.

Signature: _____ Date: _____

II. EMERGENCY TRANSPORTATION OF PASSHOLDERS AND PATRONS

It is the policy of the City of Lyndhurst to call the Rescue Squad to the scene of all accidents at the City Pools. If in the professional opinion of the Fire department personnel responding to the scene, the victim should be transported to the hospital, then such action will be taken. Parents of minor children will be notified accordingly.

Signature: _____

Date: _____

(By Signing above I am also acknowledging that I have received each swim tag that I have purchased)



Office Use Only:

Single Res (\$65.00) _____ Family Res (\$180.00) _____ Babysitter Pass (40.00) _____ Lanyard (1.00) _____

Non-Res Single (\$100.00) _____ Non-Res Family (365.00) _____ Prize Winner (No Charge) _____

Senior Pass (No Charge) _____ S.E. / Lyndhurst Reciprocity Pass: Single (\$10.00) _____ Family (\$30.00) _____

Special Needs Pass (No Charge) Single _____ Family _____ # Of Passes Given _____

Total Amount Due: _____

Check #: _____

Cash: _____