

# 2013 Lyndhurst Special Needs Pass Registration

The City of Lyndhurst shall issue you a non-transferable 2013 pool pass free of charge per Compliance with Section 12102 Americans with Disability Act, and ordinance #2013-19.  
This pass is for your use only.



## Special Need Pass:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Emergency #: \_\_\_\_\_

## OFFICE USE ONLY:

ID Number \_\_\_\_\_ Second Pass ID Number: \_\_\_\_\_

Proof Of Residency: Driver's License: \_\_\_\_\_ Utility Bill: \_\_\_\_\_ Clerks Authorization: \_\_\_\_\_

## I. 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 pass)



## II. The section below **MUST** be completed by your physician before a pool pass is issued.

Name of Special Needs Applicant: \_\_\_\_\_

Date of Most Recent Visit: \_\_\_\_\_

*In your professional opinion, does the above patient qualify for a 2013 Special Needs Pass under Sec. 12102 of the Americans With Disabilities Act? If so, please briefly explain the benefits the patient will obtain from swimming.*

\_\_\_\_\_

\_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Dr. Phone Number: \_\_\_\_\_  
(Please Print)

**\*\*IN ORDER TO AUTHENTICATE THIS APPLICATION PLEASE STAMP WITH YOUR OFFICIAL OFFICE PERMA STAMP:**