Cedar Grove
Community Pool 2019
Application for Pool Membership

Applicant _____ Member in 2018? Y N
(Last Name) (First Name)

Address _____ Town _____

Best Phone_____ Emergency Phone _____

Email _____

	UP TO May 24th	STARTING after May 24th
Resident Family	**$568.00**	**$599.00**
Resident Individual	**$406.00**	**$438.00**
Resident Couple or Parent/Child	**$484.00**	**$509.00**
Resident Senior Citizen *Age 62 and older*	**$195.00**	**$227.00**
Resident Senior Citizen (PAA)	**$107.00**	**$107.00**
Non-Resident Family	**$1,084.00** (this will be the fee regardless of date)	
Non-Resident Individual	**$605.00** (this will be the fee regardless of date)	
Non-Resident Senior	**$394.00** (this will be the fee regardless of date)	

Checks / Money Orders Only – Made Payable to Township of Cedar Grove – No Refunds after May 24, 2019
PHOTO ID WILL BE NEEDED IN ORDER TO RECEIVE BADGES

Please Print All Member's Information

Last	First	Age	Birth Year	Relation to Applicant	(Office Use) Badge #

With this signature below, I hereby certify that the information given on this application is correct, and my family **and I have read and agreed on the Pool Membership Rules and Regulations**. I hereby certify that I will not hold Cedar Grove Township, Cedar Grove Recreation or any of their representatives responsible for any loss or injury.

Signature of Applicant _____ Date _____

TOWNSHIP OF CEDAR GROVE
Cedar Grove Community Pool
2019 Voluntary Accident Insurance Program

Who is insured?
All enrolled members of the Cedar Grove Community Pool who elect to purchase coverage and complete the application and return it with their check at the time they return pool application.

Coverage: Insures against loss resulting from accidental bodily injuries sustained while on the premises of the pool.

Term of Insurance: Coverage is provided for the entire pool season.

This policy is written on an Excess basis. This means that a claim must be submitted to any other applicable insurance plan first (such as the insured's or parent's own personal medical plan), before being sent to Bollinger, Inc. If, however, there is no other applicable insurance, this policy will pay claims on a primary basis. All accident claims are processed and paid directly by Bollinger, Inc., thus ensuring that you get the personal and professional attention you deserve.

ACCIDENT LIMITS:

Excess Medical Maximum Limit	**$25,000**
Accidental Death Benefit	**$ 5,000**
Accidental Dismemberment Benefit	**$ 5,000**
Dental Benefit	**Included**
Deductible per injury	**$ 0**

COST: $10.00 PER FAMILY/COUPLE MEMBERSHIP - $5.00 PER SINGLE MEMBERSHIP
CHECKS ONLY (SEPARATE CHECK FROM POOL APPLICATION)

The above is only an outline of coverage and cannot be construed as actual policy provisions. The master policy when issued must be read in its entirety for full policy conditions, coverage and exclusions.

****

SEPARATE CHECK FOR POOL INSURANCE- 2019
If above-described insurance is desired, complete and return this lower section to the CEDAR GROVE RECREATION DEPARTMENT. CHECKS ONLY MADE PAYABLE TO TOWNSHIP OF CEDAR GROVE.

CHECK ONE ( ) FAMILY/COUPLE $10.00 ( ) SINGLE $5.00

I hereby apply for insurance coverage as outlined above and enclose a check payable to TOWNSHIP OF CEDAR GROVE.

Applicant Name _____
(Last) (First)

Address _____

Signature _____ Date_____

Office Use Only: RECEIPT # _____ Check # _____ $5.00/10.00