Cedar Grove Community Pool 2024 Application for Pool Membership

Best Phone	Applicant					Member in	n 2023? Y N
Emergency Phone Cedar Grove Residents Only: Are you applying with the \$100 First Responder Discount? No yes four checked YES, please be sure that proof is enclosed for validation process. Submit payment WITH \$100.00 discount applied (e.i. Resident Family \$509.00, Resident Parent/Child \$419.00). Resident Family \$609.00 ** *Additional Household Members		(Last Name)		(Fir	st Name)		
Email Cedar Grove Residents Only: Are you applying with the \$100 First Responder Discount? No Yes f you checked YES, please be sure that proof is enclosed for validation process. Submit payment WITH \$100.00 discount applied (e.i. Resident Family \$509.00, Resident Parent/Child \$419.00). Resident Family \$609.00 **Additional Household Members Must show proof of ID \$80/child; \$105/adult Resident Individual \$434.00 Resident Couple or Parent/Child \$19.00 Resident Senior Citizen Age 62 and older \$208.00 Babysitter (valid M-F) \$160.00 Resident Senior Citizen (PAA) \$118.00 Non-Resident Family \$1,600.00 Non-Resident Individual \$850.00 Non-Resident Individual \$850.00 Non-Resident Senior \$585.00 **Resident Senior Citizen (PAA) **PHOTO ID WILL BE NEEDED IN ORDER TO RECEIVE BADGES** Please Print ALL Member's Information EVEN PERSON LISTED ABOVE Male/ Birth Relation to Applicant Badge# With this signature below, I hereby certify that the information given on this application is correct, and my amily and I have read and agreed on the Pool Membership for Cedar Grove Township (Cedar Grove Township), Cedar Grove Recreation or any of their representatives	Address					Town	
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Source S	Email						
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esponsible for any loss or injury.			rownsnip,	Cedar Grov	e Recreation	or any or meir representar	uves
Signature of Applicant Date	_					Data	

Office Use Only: Family Insurance Ind. Insurance

TOWNSHIP OF CEDAR GROVE

Cedar Grove Community Pool 2024 Voluntary Accident Insurance Program

SEPARATE CHECK MADE PAYABLE TO TOWNSHIP OF CEDAR GROVE

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.

<u>Coverage:</u> 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

<u>COST:</u> \$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- 2024	
IF YOU DO NOT SUBMIT A SEPARATE CHECK, WE WILL RET	TURN ALL
DOCUMENTATION & PAYMENT BACK TO YOU TO RESUBMI	<u>T</u>

DOCUMENTA 1	<u>TION & PAYMENT BACK TO Y</u>	YOU TO RESUBMIT
	urance is desired, complete and return this l ECKS ONLY MADE PAYABLE TO TOWN	lower section to the <u>CEDAR GROVE RECREATION</u> NSHIP OF CEDAR GROVE.
CHECK ONE	() FAMILY/COUPLE \$10.00	() SINGLE \$5.00
I hereby apply for TOWNSHIP OF (insurance coverage as outlined about the contract of the contr	ve and enclose a check payable to
Applicant Name _	(Last)	(First)
Address	(Last)	

Date