

GENERAL INFORMATION

A VALID TOWN OF ISLIP RECREATION CARD MUST BE PRESENTED AT TIME OF SIGN UP, OR MAILED IN WITH THIS FORM, FOR RATES TO APPLY

Mail in forms should be accompanied by Check or Money Order made out to Hidden Pond Day Camp.

Credit Card payments must be done over the phone once the form is received.

*Hidden Pond Park may change hours/days depending on staffing at any time.

Please check website for updated operating days and hours at <https://www.therinx.com/pool/>

Family Last Name: _____ Home Phone: (____)____ - _____

Home Address: _____

Spouse #1: Last Name: _____ First Name: _____

Date of Birth: _____ Work Phone: (____)____ - _____ Cell Phone: (____)____ - _____ Gender: M F

Email Address: _____

Spouse #2: Last Name: _____ First Name: _____

Date of Birth: _____ Work Phone: (____)____ - _____ Cell Phone: (____)____ - _____ Gender: M F

Email Address: _____

Hidden Pond Park Pool Membership Form

All pool members must have a current recreation card. Proof of age is required at time of registration.

Type of Membership: (Check One)

Resident Family

Resident Individual

Senior Citizen Family

Disabled Family

Non-Resident Family

Non-Resident Individual

Senior Citizen Individual

Disabled Individual

Spouse #1: _____ Sticker #: _____

(For official use only)

Spouse #2: _____ Sticker #: _____

(For official use only)

Child's Name	Gender	Date of Birth	Sticker # (For official use only)

List any medical limitations _____

I have read and understand the rules and regulations of the Town of Islip pool facilities, and that the use of the pool facilities is strictly at my own risk. I accept all conditions as stated therein.

Signature: _____ Date: _____

Hidden Pond Park Pool Swim Lesson Application

Swim Lesson Information can be found on next page

Choose One: Resident
Non-Resident

Choose One: Pool Member
Non-Pool Member

Participant's Name	Age	Date of Birth	Swim Level	Lesson Time	Choose Session(s)			Fee
					1	2	3	
(Example) Jane Doe	8	mm/dd/yyyy	Level 3	9-9:30			X	\$45

A swim test will be given the first day of class to verify that you are in the appropriate swim level.

List any medical limitations _____

Parent/Guardian Signature if registering a child _____ Date: _____