

# FOXBORO POOL



**FUN, FRIENDLY, and FAMILY ORIENTED!**

**Join us for our free open swim on Saturday, May 25th from 12-8.**

Become a member today, nestled within the Foxboro subdivision in Gahanna.  
**Eligible to anyone in the Greater Gahanna and surrounding communities.**  
 We pride ourselves on being a fun, friendly and family oriented pool.

**Become a member today by completing the application and send in.**

Questions please visit our website [www.foxboropool.org](http://www.foxboropool.org) or email us [info@foxboropool.org](mailto:info@foxboropool.org)

## Foxboro Pool Features:

FREE GUEST PASSES, 1 per member, if membership paid before May 1, 2019 (\$10.00 per person value)  
 FREE MEMBERSHIP for child under 2 as of 4/1/19  
 FREE SWIM LESSONS  
 SWIM TEAM  
 Certified Lifeguards  
 Separate pool for children age 5 years & younger  
 BRAND NEW DIVING BOARD!  
 AMPLE SHADED AREAS  
 Lounge and upright chairs  
 POOL RENTAL AVAILABLE  
 Movie Night, special Float Days  
 Member Pot Luck evenings  
 Gas grill for cookouts  
 Pop and vending machines  
 Adult Swim  
 Free Wi-Fi available!

**PARKING**  
 at Northeast Center at 500 N. Hamilton Rd  
**Entrance** to pool is located behind  
 Northeast Center  
 by back southeast corner.

**Swim Team Organization Meeting**  
 June 1st at 11 am (1<sup>st</sup> practice)

**Swim Lessons Sign-Up**  
 June 1st from 12 - 2 pm



## Membership Terms

1. A family membership can be mother or father, sister or brother (step or foster) that reside in the same household all year round.
2. Childcare provider is for a single membership, one family childcare provider only, must accompany a one family membership application & can only visit the pool when caring for those children. A childcare provider caring for more than one single-family member's children must have a regular membership.
3. For Rules and Regulations visit: [www.foxboropool.org](http://www.foxboropool.org) or e-mail at: [info@foxboropool.org](mailto:info@foxboropool.org)

## PRICING FOR 2019

### Category (before tax)

Single (11 or older)	\$215
Family of 2	\$300
Family of 3 or more	\$360
Childcare Provider	\$100
Senior 60 & over	\$65
Child under 2 by 4/1/19	FREE

<p><b>FREE</b>                  Swim lessons                  for members                  (\$120 value per child)</p>	<p><b><u>Pool Hours:</u></b>                  Opening <b>May 25<sup>th</sup> 2019: 12-8 pm</b>  <b>May 26<sup>th</sup> 2019: 12-8 pm</b>  <b>May 27<sup>th</sup> 2019 (Memorial Day): 12-8 pm</b>  <b>May 28<sup>th</sup> &amp; 29<sup>th</sup>: 4-8 pm</b>  <b>After May 29<sup>th</sup> 2019: 12-8 pm daily</b>                  * Hours will change once school resumes                  * Pool hours are subject to weather</p>
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Please fill out application & mail with payment to:

**Foxboro Recreation & Park Association P. O. Box 30605, Gahanna, OH 43230**

Name of Member: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

PLEASE INCLUDE TAX: Individual Membership = **\$16.13** Family of 2 = **\$22.50** Family of 3 or more = **\$27.00**  
 Childcare Provider = **\$7.50** Senior 60 & over = **\$4.88**

# FOXBORO POOL

Are you a new member (Yes/No): \_\_\_\_\_ If you are a new member were you referred by a current member? If yes, then list the member's name: \_\_\_\_\_

I/We agree to abide by the Rules and Regulations of the Association regarding the use of the pool facilities. Any guest sponsored by the applicants listed here is also governed by those rules. Rules are posted and copies are available at the pool. I/We consent for a candid photo to be used on the website. Memberships are not refundable and not transferable.

In the event that a member or guest associated with this application requires emergency medical assistance while using the pool facilities, I/We give permission to an authorized pool representative to call medical personnel and allow transport to a medical facility for treatment if necessary. The Association assumes no responsibility for the medical expenses incurred as a result of injuries sustained on or about the pool premises or any activity pertaining to the pool.

I/We understand that staff has the right to address any behaviors that might result in an unsafe environment for myself or other members.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent or Guardian if under 18

Please list any pertinent medical information or other concerns:

Emergency Contacts: (one required)

Childcare Provider or a Member: \_\_\_\_\_ Phone: \_\_\_\_\_

Other: \_\_\_\_\_ Phone: \_\_\_\_\_

First Name	Last Name	Date of Birth	Relationship	Price
			Self	

**Sales Tax 7.50%:** \_\_\_\_\_  
 Total price \_\_\_\_\_

Method of Payment: (circle one) Check, Visa, or MasterCard Please

make check payable to: Foxboro Recreation & Park Association

Credit Card Number: \_\_\_\_\_ Expiration \_\_\_\_\_

CVC (3 digit code on back of card): \_\_\_\_\_

Total amount due: **(including 7.50% sales tax)** \_\_\_\_\_

Name on Card: \_\_\_\_\_ Billing Address \_\_\_\_\_  
 \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_  
 \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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