

# FOXBORO POOL



## FUN, FRIENDLY and FAMILY ORIENTED!

Join us for our free open swim on Saturday, May 23rd 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.

Complete the application and send in to become a member today

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, 2020 (\$10.00 per person value)

- excludes 1<sup>st</sup> trial

FREE Membership for child under 2 as of 4/1/20

FREE Swim Lessons

- excludes 1yr trial

Swim Team

Certified Lifeguards

Separate pool for children age 5 years & younger

Diving Board

Ample Shaded Areas

Lounge and Upright Chairs

Pool Rental Available

Movie Night, Float Days

Gas grill for cookouts

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

May 30th at 11 am

### Swim Lessons Sign-Up

May 30th online – signup link will be emailed



### 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 2020

#### Category (before tax)

|   |              |
|---|--------------|
| 1 <sup>st</sup> trial (Foxboro Res)   | <b>\$150</b> |
| <ul style="list-style-type: none"> <li>• Allanby Ct, Haversham Dr, Wickham Way</li> <li>• Sycamore Mill, Peale Ct, Tresham Rd, Langford Ct</li> </ul> |              |
| 1 <sup>st</sup> trial (Non Foxboro Res)   | <b>\$200</b> |
| Single (11 or older)  | <b>\$200</b> |
| Family of 2   | <b>\$300</b> |
| Family of 3 or more   | <b>\$360</b> |
| Childcare Provider  | <b>\$50</b>  |
| Senior 60 & over  | <b>\$65</b>  |

**FREE Swim lessons  
for members –  
excludes 1<sup>st</sup> trial**

**Pool Hours:**  
**OPENING May 23: 12-8 pm**  
**May 24: 12-8 pm**  
**May 25 (Memorial Day): 12-8 pm**  
**May 26 – 27: Closed**  
**May 28 – August 11: 12-8 pm daily**  
**August 12 – September 6: Closed M-Th**  

- Open Friday, 4-8 pm
- Open Saturday, 12-8pm
- Open Sunday, 12-7

**September 7 (Labor Day): 12-7**

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: 1yr trial (Fox Res) = **\$11.25** 1yr trial (Non Fox Res) = **\$15.00** Single = **\$15.00** Family of 2 = **\$22.50** Family of 3 or more = **\$27.00** Childcare Provider = **\$3.75** 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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