

FOXBORO POOL

FUN, FRIENDLY, and FAMILY ORIENTED!

Welcome and Come Splash with Us!

Join us for our free open swim on Saturday, May 26th!

Become a member of the Foxboro Pool today! We are nestled within the Foxboro subdivision in Gahanna.

Anyone in the Greater Gahanna and surrounding communities can join!

In addition to our unique features listed below, we pride ourselves on being a fun, friendly, and family oriented pool.

Become a member today. Just fill out the application and send in.

And, check us out during our free open swim day Saturday, May 26th from 12-7.

If you have questions visit our website www.foxboropool.org e-mail: info@foxboropool.org

Foxboro Pool Features:

FREE GUEST PASSES, 1 per member, if membership paid before May 1, 2018 (\$8.00 per person value)

FREE MEMBERSHIP for child under 2 as of 4/1/18

FREE SWIM LESSONS (\$120 value per child)

SWIM TEAM

Certified Lifeguards

LARGE DIVIDED POOL

Separate pool for children age 5 years & younger

DIVING BOARD

LARGE SUNBATHING & AMPLE SHADED AREAS

Lounge and upright chairs

Large, clean and updated restroom facilities

POOL RENTAL AVAILABLE

Movie Night, special Float Days

Member Pot Luck evenings

Gas grill for cookouts

Sound System

Pop and vending machines

Adult Swim

Free Wi-Fi available!

Swim Team Organization

Meeting

June 2nd at 11 am

(1st practice)

Swim Lessons Sign-Up

June 2nd from 12 -2 pm

PARKING

at Northeast Center at 500

N. Hamilton Rd

Entrance to pool is located

behind

Northeast Center

by back southeast corner.

Discount booklet of

guest passes

8 for \$40 will be

available too!!

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: www.foxboropool.org or e-mail at: info@foxboropool.org

PRICING FOR 2018!!

Category (before tax)

Single (11 or older)	\$205
Family of 2	\$290
Family of 3 or more	\$350
Childcare Provider	\$100
Senior 60 & over	\$55
Child under 2 by 4/1/18	FREE

FREE GUEST PASSES, 1 per member, if paid before May 1, 2018 (\$8.00 value per person)

DON'T FORGET!!

**FREE
swim lessons
for members
(\$120 value per child)**

Pool Hours:

**Opening May 26th 2017 12-7 pm
After May 26th 2017 12-8 daily
Hours will change once school resumes
Pool hours are subject to weather**

Please **fill out application & mail** with payment to:

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

FOXBORO POOL

Name of Member: _____ Address: _____

City: _____ Zip: _____ Phone: _____ E-mail: _____

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: _____