## 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**

# 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

**PARKING**

at Northeast Center at 500 N. Hamilton Rd **Entrance** to pool is located behind Northeast Center

by back southeast corner.

FREE SWIM LESSONS

SWIM TEAM

Certified Lifeguards

Separate pool for children age 5 years & younger DIVING BOARD (pending fundraising efforts)

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!

**Swim Team Organization Meeting**

### June 1st at 11 am (1st 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**

# PRICING FOR 2019

#### Category (before tax)

**FREE**

**Swim lessons for members**

**($120 value per child)**

**Pool Hours:**

**Opening May 25th, 2019: 12-8 pm**

**After May 25th 2019: 12-8 daily**

**\* Hours will change once school resumes**

**\* Pool hours are subject to weather**

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

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:

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

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**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: CVC (3 digit code on back of card):

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

### Expiration

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

Signature: Date: