

LINCOLN PARK COMMUNITY LAKE 2020 FACILITY REGISTRATION FORM

LINCOLN PARK RESIDENTS

ADULT MEMBER (AGE 18–59):	\$40
YOUTH MEMBER (AGE 4–17) (WITH ADULT):	\$10
SENIOR (60 & OVER):	NO CHARGE
TODDLER (3 AND UNDER):	NO CHARGE
FAMILY CAREGIVER:	\$40
SWIM TEAM MEMBERSHIP:	\$15

FAMILY LAST NAME: _____

ADDRESS: _____ PHONE #: _____

E-MAIL: _____

CELL # & CARRIER (OPTIONAL): _____ (FOR TEXT MSGS—RATES MAY APPLY)

**PLEASE LIST ALL MEMBERS BELOW, PLEASE INCLUDE LAST NAME IF DIFFERENT FROM ABOVE.
ALL MEMBERS AGE 4 AND OVER WILL NEED A PHOTO ID FOR THE FACILITY.**

		Fee	LP Resident Proof of ID
MEMBER 1: _____	DOB: ___/___/___	\$ _____	_____
MEMBER 2: _____	DOB: ___/___/___	\$ _____	_____
MEMBER 3: _____	DOB: ___/___/___	\$ _____	_____
MEMBER 4: _____	DOB: ___/___/___	\$ _____	_____
MEMBER 5: _____	DOB: ___/___/___	\$ _____	_____
MEMBER 6: _____	DOB: ___/___/___	\$ _____	_____

ALL FEES ARE NON-REFUNDABLE

THE BOROUGH OF LINCOLN PARK CANNOT BE RESPONSIBLE FOR NATURAL OCCURRENCES IN THE LAKE.

REPLACEMENT OF ID BADGES WILL BE ISSUED AT A COST OF \$10 PER BADGE.

NOTE: NEW CIVIC REC BADGES WILL BE ISSUES FOR ALL ELIGIBLE MEMBERS

FOR RECREATION OFFICE USE ONLY:

DATE REC'D: _____ AMOUNT: _____ CHECK/CASH: _____ RESIDENT CHECK: _____ LPCL: _____



Family Name:



LPCL 2020

Emergency Contact Information

(1): Name/Relationship: _____

Telephone Number: _____

Alternate Number: _____

(2): Name/Relationship: _____

Telephone Number: _____

Alternate Number: _____

Allergies or Medical Conditions:

Please indicate any allergies, medical conditions or disability we should know for any member of your family:

Special Needs/Reasonable Accommodations:

___ Yes, a member of my family has a disability as defined by the ADA, and may need reasonable accommodations in order to participate



Thank you for providing this information!

