

Caregiver Application

2010 "Frog Falls" Aquatic Park

All eligible Frog Falls members have the opportunity to add a caregiver to their membership.

The caregiver will receive an ID card that is only valid when accompanied by the family that has noted them as a caregiver. The fee for a seasonal caregiver is \$220.00. The Rockaway Twp. Recreation Dept. will be accepting caregiver applications in conjunction with your seasonal membership.

Caregiver Information:

Last Name: _____ First Name: _____

Address: _____ Town: _____ Zip Code: _____

Phone: _____ Email: _____

Signature: _____

Have you or a family member over the age of 18 ever been convicted of a crime other than a minor traffic violation?
If yes, state what the conviction was for, the town and state where the conviction was made and the date.

I certify that the information provided by me is true and accurate to the best of my knowledge. I understand that all information contained in this application is subject to verification. I understand that falsification of any information may result in the loss of my membership fee and privileges. Access by the public to Picatinny Arsenal is restricted for security reasons. I understand that if I cannot be granted access to Picatinny for security reasons, my membership fee will be returned to me unless I falsified information in my application.

Signature Date

Sponsoring Family Information

Last Name: _____

Address: _____ Town: _____ Zip Code: _____

Phone: _____ Email: _____

Signature: _____

Refund Policy:

Refunds will be granted to applicants if requested prior to opening day.
A 20% ADMINISTRATIVE FEE WILL BE DEDUCTED FROM ALL REFUNDS
No refunds will be given after the pool has opened for the season, May 31, 2010.

Please make checks payable to: Rockaway Township

**Rockaway Township Parks and Recreation Dept.
65 Mt. Hope Road
Rockaway, NJ 07866**

For office use only

Last Name	Type of Membership	Receipt #
Payment Received Date	Check #	Amount Paid
		Initial