Cedar Grove Community Pool 2026 MEMBERSHIP APPLICATION

Applicant _____ Member in 2025? Y N
(Last Name) (First Name)

Address _____ Town _____

Best Phone_____ Emergency Phone _____

Email _____

CG ONLY: Are you applying with the $100 First Responder Discount? No☐ Yes ☐
If you checked YES, please be sure that proof is enclosed for validation process. Submit payment WITH $100.00 discount applied to rate at time of application.

GROUP	2026 RATE BEFORE 01/31/26	2026 RATE BETWEEN 01/31/26 AND 03/31/26	2026 RATE AFTER 03/31/26
Resident Families	$630	$645	$670
Resident Individual	$450	$465	$485
Resident Couple or Parent/Child	$535	$550	$572
Babysitter (Mon-Fri)	$165	$170	$180
Resident Senior Citizen	$215	$220	$230
Non-Resident Family	$1,000	$1,500	$1,750
Non-Resident Individual	$800	$875	$910
Non-Resident Senior Citizen	$575	$600	$625

In Person: Check /Money Orders/Cash(exact) Only – Made Payable to Township of Cedar Grove – No Refunds after payment is made. You will not receive your badges immediately unless you pay money order or cash.
PHOTO ID WILL BE NEEDED IN ORDER TO RECEIVE BADGES

Please Print ALL Member's Information EVEN PERSON LISTED ABOVE

Last	First	Age	Male/ Female	Birth Year	Relation to Applicant	(Office Use) Badge#
					SELF	

With this signature below, I hereby certify that the information given on this application is correct, and my family **and I have read and agreed on the Pool Membership Rules and Regulations (attached)**. I hereby certify that I will not hold Cedar Grove Township, Cedar Grove Recreation or any of their representatives responsible for any loss or injury.

Signature of Applicant _____ Date _____

Office Use Only: Family Insurance Ind. Insurance

TOWNSHIP OF CEDAR GROVE
Cedar Grove Community Pool
2026 Voluntary Accident Insurance Program

SEPARATE CHECK MADE PAYABLE TO TOWNSHIP OF CEDAR GROVE

Who is insured?
All enrolled members of the Cedar Grove Community Pool who elect to purchase coverage and complete the application and return it with their check at the time they return pool application.

Coverage: Insures against loss resulting from accidental bodily injuries sustained while on the premises of the pool.

Term of Insurance: Coverage is provided for the entire pool season.

This policy is written on an Excess basis. This means that a claim must be submitted to any other applicable insurance plan first (such as the insured's or parent's own personal medical plan), before being sent to Bollinger, Inc. If, however, there is no other applicable insurance, this policy will pay claims on a primary basis. All accident claims are processed and paid directly by Bollinger, Inc., thus ensuring that you get the personal and professional attention you deserve.

ACCIDENT LIMITS:

Excess Medical Maximum Limit	**$25,000**
Accidental Death Benefit	**$ 5,000**
Accidental Dismemberment Benefit	**$ 5,000**
Dental Benefit	**Included**
Deductible per injury	**$ 0**

COST: $12.00 PER FAMILY/COUPLE MEMBERSHIP - $7.00 PER SINGLE MEMBERSHIP
CHECKS ONLY (SEPARATE CHECK FROM POOL APPLICATION)

The above is only an outline of coverage and cannot be construed as actual policy provisions. The master policy when issued must be read in its entirety for full policy conditions, coverage and exclusions.

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SEPARATE CHECK FOR POOL INSURANCE- 2026
IF YOU DO NOT SUBMIT A SEPARATE CHECK, WE WILL RETURN ALL DOCUMENTATION & PAYMENT BACK TO YOU TO RESUBMIT

If above-described insurance is desired, complete and return this lower section to the CEDAR GROVE RECREATION DEPARTMENT. CHECKS ONLY MADE PAYABLE TO TOWNSHIP OF CEDAR GROVE.

CHECK ONE ( ) ALL MEMBERSHIPS EXCEPT SINGLE/SENIOR $12.00 ( )SINGLE $7.00

I hereby apply for insurance coverage as outlined above and enclose a check payable to TOWNSHIP OF CEDAR GROVE.

Applicant Name _____
(Last) **(First)**

Address _____

Signature _____ **Date**_____