

# FOXBORO POOL



## 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.

Questions - please visit our website [www.foxboropool.org](http://www.foxboropool.org) or email us [info@foxboropool.org](mailto:info@foxboropool.org)

### Foxboro Pool Features:

**FREE GUEST PASSES: 2 per member, if membership paid before April 1, 2024 (\$10.00 per person value)**

FREE MEMBERSHIP for child under 2 as of 3/1/24  
SWIM TEAM

Certified Lifeguards

Separate pool for children age 5 years & younger

DIVING BOARD

AMPLE SHADED AREAS

Lounge and upright chairs

POOL RENTAL AVAILABLE

Movie Night

Gas grill for cookouts

Concession Stand

AED on site

Adult Swim

Free Wi-Fi available

#### PARKING

Northeast Center at 500 N. Hamilton Rd

**Entrance** to pool is located behind

Northeast Center

near the back southeast corner. Follow the sign.

#### Swim Team Organization Meeting

Held first week in June



### Membership Terms

1. A family membership can be parents, siblings (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)

### PRICING FOR 2024

#### Category (before tax)

Single (12 or older)	\$236
Family of 2	\$330
Family of 3 or more	\$396
Childcare Provider	\$110
Senior 60 & over	\$70

\*\*memberships will not be prorated

*1<sup>st</sup> yr. members receive  
20% discount off pricing*

**Single: \$190**

**Family of 2: \$264**

**Family of 3: \$324**

**Childcare Provider: \$88**

**Senior: \$56**

#### Pool Hours:

**\*\*12-8pm daily\*\***

Opening Day: 5/25/2024

Memorial Day: 5/27/2024

Independence Day: 7/4/2024

Labor Day: 9/2/2024 (last day pool open!)

\* Hours will change once school resumes (8/15)

\* 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**

Name of Member: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**PLEASE INCLUDE TAX** (amt. in parens for 1<sup>st</sup> yr. pricing): Single = **\$17.70 (\$14.25)** Family of 2 = **\$24.75 (\$19.80)**

Family of 3 or more = **\$29.70 (\$24.30)** Childcare Provider = **\$8.25 (\$6.60)** Senior 60 & over = **\$5.25 (\$4.20)**

# FOXBORO POOL

Are you a 1<sup>st</sup> yr member (Yes/No): \_\_\_\_\_ If new member were you referred by a current member? If yes, then list the member's name: \_\_\_\_\_

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: \_\_\_\_\_

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