

FOXBORO POOL



FUN, FRIENDLY, and FAMILY ORIENTED!

Join us for our free open swim on Saturday, May 24 from 12-8.

NOTE: We have NOT increased membership fees this year!

PAYMENT OPTIONS ARE AS FOLLOWS: Credit Cards are only accepted online & pricing includes transaction fees. If you prefer to avoid fees, you may send cash or check along with this printed application. Thank you!

Questions - please visit our website www.foxboropool.org or email us info@foxboropool.org

Foxboro Pool Features:

FREE GUEST PASSES: 2 / member for payments made prior to April 15, 2025 (\$10.00/person value)

FREE MEMBERSHIP for child under 2 as of 3/1/25
SWIM TEAM

Certified Lifeguards

Separate pool for children age 5 years & younger

DIVING BOARD

AMPLE SHADED AREAS

Lounge and upright chairs

POOL RENTAL AVAILABLE

Gas grill

Concession Stand

AED on site

Adult Swim

Free Wi-Fi available

PARKING

ARC Northeast Center-500 N. Hamilton Rd

Entrance to pool is located behind

Northeast Center near the back southeast corner. Follow the sign.

Swim Team Organization

Meeting - Tuesday, May 20

First practice - Tuesday, May

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Membership Terms

1. A family membership includes 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

PRICING FOR 2025

ALL PRICES INCLUDE TAX!

Single (12 or older)	\$253.70
Family of 2	\$354.75
Family of 3 or more	\$425.70
Childcare Provider	\$118.25
Senior 60 & over	\$75.25

**memberships will not be prorated

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: _____

NEW MEMBERS ONLY:

Is this your first year at Foxboro?

Please enjoy a 10% discount!

ALL PRICES INCLUDE TAX

Single: \$228.33
Family of 2: \$319.28
Family of 3: \$383.13
Childcare Provider: \$106.43
Senior: \$67.73

Pool Hours:

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

Opening Day:

5/24/2025

Labor Day: 9/1/2024

(last day pool open!)

*** Hours will change as of August**

*** Pool hours are subject to weather stay tuned to social media & events tab (calendar) on website**

FOXBORO POOL

Are you a 1st 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, online, and copies are available at the pool. I/We consent for a candid photo to be used on the website and social media. 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	

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: _____

Name on Card: _____ Billing Address _____

_____ City: _____ State: _____

Zip: _____ Phone: _____

Signature: _____ Date: _____