

Niskayuna High School, Athletic Office, Niskayuna, NY 12309 (518) 382-2511, ext. 21760 | <u>lgillooley@niskyschools.org</u>

Niskayuna High School Swimming Pool Registration Form

The Niskayuna Central School District permits public use of the swimming pool located at Niskayuna High School during times that do not impact educational programs and activities. Annual rates are established by the Board of Education. Once you submit this form, you will be provided with a link via e-mail to purchase your Pool Pass through our GoFan System. Pool hours are posted on the school website. Please check the website to confirm times of availability. Occasionally, there are circumstances that require cancellation of previously scheduled hours and notification of this is provided with as much advance notice as possible. More information can be found on the district website at: https://www.niskayunaschools.org/community/swimming-pool/.

New Applicant Information

Applicants must be 18 or older. Applications must be accompanied by proof of residency for resident rates, <u>i.e.</u>, copy of license or utility bill showing name and address.

Name:		Email:		
Address:		Phone:	Mobile	Other
City, State:	Zip:	Phone:	Mobile	Other

2024-25 Rates

All swimmers must be registered in advance, including current Niskayuna students. Lifeguards are not authorized to collect money at the pool. Please remit payment at time of application. Do not send cash. Make checks payable to: Niskayuna Central School District

Niskayuna School District Resident	Non-Resident	
Free: Niskayuna Student (Must identify name & DOB below)		
\$158: Adult Must be 18 or older)	\$450: Adult (Must be 18 or older)	
\$101: Senior Citizen or Military Veteran	\$394: Senior Citizen or Military Veteran	
\$293: Household (Must include at least one adult)	\$844: Household (Must include at least one adult)	

Names of Pool Pass Holders (including Applicant)

All pool pass holders listed below must reside at the same address. Niskayuna students in grades 8 and below, and non-residents younger than 14 at the time of the application must be accompanied by a paid adult pool pass holder to swim.

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First and last name		Date of birth	Niskayuna Student?	Grade			
			Yes No				
			Yes No				
			Yes No				
			Yes No				
			Yes No				
			Yes No				
Emergency Contacts							
Name:		Phone:					
Name:		Phone:					
Signature							
Signature:			Date:				
Office Use Only		Submit Form by Mail or In-Person To:					
Name on Check:	Check No.:	Niskayuna High School Athletic Office 1626 Balltown Road Niskayuna, NY 12309 <i>To Submit form in Person please go to the</i> <i>Niskayuna High School Main Office</i> Hours: Mon-Fri 8 a.m3:30 p.m.					
Resident Proof:	Check Amt:						
Date Processed:	Initials:						