

## Niskayuna Central School District

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

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## **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 the educational program and related activities. Annual rates are established by the Board of Education. 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 public hours. To the extent possible, notification of such information is handled through School Messenger. It is the responsibility of the applicant to sign up for such notifications. More information can be found on the district website at: http://www.niskayunaschools.org/schoolmessenger/

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<b>New Applicant Information</b> Applicants must be 18 or older. Applications must be accompanied by proof of residency for resident rates <u>, i.</u> e., copy of license or utility bill showing name and address.				
Name:		Email:		
Address:		Phone:	Mobile	Other
City, State:	Zip:	Phone:	Mobile	Other
<b>2023-24 Rates</b> All swimmers must be registered in advance, including current Niskayuna students. Lifeguards are not authorized to collect money at the pool. Payment will be made through the GoFan link provided once application is processed. Please see website for more information.				
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)		
All pool pass holders listed below m than 14 at the tim	Names of Pool Pass Holde ust reside at the same address. Nis e of the application must be accor	skayuna students in grades	8 and below, and non-resider	nts younger
First and last name		Date of birth	Niskayuna Student?	Grade
			Yes No	
Emergency Contacts				
Name:		Phone:		
Name:		Phone:		
Signature				
Signature:		Date:		
Office Use Only		Submit Form by Mail or Email To:		
Resident Proof:	Initials:	Niskayuna High School Athletic Office Attention: Larry Gillooley		
Date Processed:	Initials:	1626 Balltown Road Niskayuna, NY 12309		