

POOL MEMBER REGISTRATION FORM

MAKE CHECKS PAYABLE TO: Ardsley UFSD – Recreation Dept.
500 Farm Road, Ardsley, NY 10502

NAME: _____ PHONE : _____

ADDRESS: _____

E-mail Address _____

PLEASE PRINT CLEARLY

Pro-rated fees are available for memberships of less than a full academic year. Rates are based upon the month of application and/or receipt of payment. All fees must be paid in full prior to participation. All rates include a non-refundable \$35 registration fee.

PRO-RATED MEMBERSHIP RATES 2018 – 2019

	RESIDENT FAMILY	RESIDENT INDIVIDUAL	RESIDENT FAM/SENIOR**	RESIDENT INDIVIDUAL/SENIOR
Yearly Rate	\$634	\$439	\$224	\$152
January	\$380	\$263	\$135	\$91
February	\$317	\$219	\$112	\$75
March	\$254	\$175	\$90	\$60
April	\$191	\$132	\$67	\$45
May	\$126	\$88	\$45	\$31
June	\$64	\$44	\$24	\$16
	NON-RESIDENT FAMILY	NON-RESIDENT INDIVIDUAL	NON-RESIDENT FAM/SENIOR	NON-RESIDENT INDIVIDUAL/SENIOR**
Yearly Rate	\$736	\$514	\$255	\$183
January	\$443	\$309	\$153	\$110
February	\$368	\$256	\$127	\$91
March	\$295	\$205	\$103	\$73
April	\$220	\$154	\$76	\$54
May	\$148	\$103	\$51	\$37
June	\$73	\$51	\$26	\$19

ARDSLEY HS STUDENTS & ARDSLEY UFSD EMPLOYEES – 50% OFF RESIDENT RATES

****Senior & Senior Family means: Must be 60 years or older residing at the same residence.**

FAMILY MEMBERSHIPS: Please list family members. If their last name is different from yours, please list their relationship to you. Include the name of the person filling out this form.

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

WAIVER: (This must be signed in order to use the pool)

I have read and understand the pool regulations listed on the attached Pool Membership Program Information form. I, and the members of my family, agree to follow them. I (we) also agree to follow the rules posted at the pool, and any special instructions given to me (us) by lifeguards. I (we) hereby agree to assume all risks and hazards incidental to such participation. I and the members of my family also hereby waive, release, absolve, indemnify and agree to hold harmless the Ardsley Union Free School District, any sponsors, supervisors, participants, and employees, from and against any and all claims and/or causes of action arising out of any injury from such participation.

Signed: _____ **Date:** _____

Please note: Ardsley High School students must have this form co-signed by a parent or legal guardian.

Parent/Guardian _____ **Date:** _____

FOR OFFICE USE ONLY: ID # _____ **PHOTO #** _____ **ID RECEIVED** _____

NON-DISCRIMINATION CLAUSE

The Ardsley Union Free School District does not discriminate on the basis of age, color, religion, creed, marital status, veteran status, national origin, race or gender in its educational programs, activities, and/or hiring. In addition, the District does not discriminate on the basis of disability and hereby acknowledges its obligation not to discriminate on the basis of disability and hereby acknowledges its obligation not to discriminate and encourages person with disabilities to contact it in regard to reasonable accommodations. Inquiries concerning this policy of equal opportunity should be referred to the District Office, Director of Financial & Personnel Services, Ardsley Union Free School District, 500 Farm Road, Ardsley, NY 10502.