

## PUBLIC SWIM PROGRAM APPLICATION

**Instructions:** All sections of this application must be completed in full.

- MEMBERSHIP DESIRED:**     \$85 Individual / 3 months     \$130 Family / 3 months  
    \$110 Family Of Children In Learn To Swim Program / 3 months  
    \$15.00 Persons dropping in without membership

There is a one time fee of \$35 per Individual or \$50 per Family fee to be paid annually.    \$\_\_\_\_\_

**PROGRAM DATES:**     OCT – DEC     JAN – MAR     APR – JUN

**PROGRAM TIME & DAY:**    6:30 pm – 8:30 pm                      Tuesday and Thursday evenings  
   9:00 am – 10:00 am                      Sunday mornings – Lap Swim  
   10:00 am – 12:00 pm                      Sunday mornings – Public Swim

### Information:

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Last Name	First	Home Telephone Number	Mobile Telephone Number
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Address:	Street	City/Town	State	Zip
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\_\_\_\_\_

Email Address

For Family Membership - List all members currently living in the household:

### **FAMILY MEMBERS' NAMES:**

_____	<input type="checkbox"/> Deep Water	<input type="checkbox"/> Shallow Water
_____	<input type="checkbox"/> Deep Water	<input type="checkbox"/> Shallow Water
_____	<input type="checkbox"/> Deep Water	<input type="checkbox"/> Shallow Water
_____	<input type="checkbox"/> Deep Water	<input type="checkbox"/> Shallow Water

- ❖ We are closed to the public on Thanksgiving, Christmas, New Years, and Easter.
- ❖ We reserve the right to cancel or delay the program due to unforeseen weather conditions – such as snowstorms, thunder, lightning, and technical problems.
- ❖ Children under 5 years old are to be accompanied into the pool by an adult.
- ❖ Children who are not potty trained must wear a swim diaper covered by a plastic swim pant.
- ❖ Children under the age of 18 years old must be supervised by an adult on the pool deck and locker room.

<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> American Express
Check Number: _____ Amount: \$ _____ Credit Card Number: _____ Exp. Date: _____
Staff's Signature: _____ Patron's Signature: _____ Date paid: _____

For questions or additional information:

Email: Heidi Gleissner at [hgleissner@greenchimnets.org](mailto:hgleissner@greenchimnets.org) or Paige Cahill at [pcahill@greenchimneys.org](mailto:pcahill@greenchimneys.org)

Phone: 845-279-2995 ext. 224 or ext. 307

Fax: 845-279-3077