

## **BEACON CITY SCHOOL DISTRICT**

## **ADMINISTRATIVE OFFICES**

10 Education Drive BEACON, NEW YORK 12508 PHONE: (845) 838-6900 ~ FAX: (845) 838-6905 Mrs. Ann Marie Quartironi Deputy Superintendent

Mr. Sagraio Rudecindo-O'Neill Assistant Superintendent of Curriculum and Student Support

Dr. Heather Chadwell Dennis Assistant Superintendent of Pupil Personnel

**Mr. John Giametta** Director of Physical Education, Athletics, Health and Recreation

**Dr. Matthew Landahl** Superintendent of Schools

## **BEACON HIGH SCHOOL POOL USER AGREEMENT**

Our Beacon School-Community is extremely fortunate to have an aquatic facility as a resource to promote health, fitness and recreation activities for both youth and adults. Appropriate use, care and observance of safety will ensure that our community may continue to enjoy these facilities for years to come. The Beacon City School District, and its staff representatives, shall expect that each user of these facilities will do so with these goals in mind, and in accordance with the practices outlined in this Community Membership Agreement.

The use of the Beacon High School Pool shall be subject to the approval and rules of the Board of Education, as administered by the Superintendent of Schools, the Building Principal or other Board designee(s). Individuals wishing to use the Beacon High School, its Pool shall sign this written user agreement as a precondition of admission to and/or use of these facilities during posted community hours of operation. Specifically, the undersigned agrees to the following regulations as a condition of proper use:

- 1. All posted rules on the Beacon High School site, including halls, parking areas, the Pool and locker room facilities must be adhered to at all times. Upon initial visitation to the pool and fitness facilities participants will be required to complete a safety and proper use orientation by district staff, including a swimming test as requested.
- 2. Profanity, objectionable language, disorderly acts or illegal activities of any kind are absolutely prohibited, and those violating this prohibition will be ejected from the premises.
- 3. Intoxicants shall not be brought onto the Beacon High School premises at any time.
- 4. Any damage to District facilities or equipment resulting from unsafe, inappropriate or careless use on the part of the individual member/user signing below shall be promptly repaired at the user's expense. Parents of student users under the age of 18 shall be responsible for their child's expenses. If in the belief of the user, accidental damage to facilities or equipment shall have occurred without intent or negligence, the user is expected to report said damage immediately or be subject to paying the expenses related to repair. There will be no exceptions to these provisions.
- 5. Membership permits/cards must be shown to facilities supervisors on each visit to the facilities. Membership privileges may be revoked at any time based on violations of this agreement
- 6. Any youth 13 YEARS OF AGE OR YOUNGER requires the presence of an adult responsible for his/her supervision while on the POOL FACILITIES and on the Beacon High School premises at all times. Children 12 YEARS AND UNDER are NOT allowed in the FITNESS CENTER.
- 7. Any prospective student member must secure the written authorization and agreement of their parent/guardian prior to use of these facilities.
- 8. The fee for use is payable before use begins. This fee shall be nonrefundable.

The member agrees to be responsible to the District for the use and care of the facilities. He/she does hereby covenant and agree to defend, indemnify and hold harmless the District from and against any and all liability, loss, damages, claims, or actions, (including costs and attorneys fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in connection with the actual or proposed use of the Beacon High School, its property, facilities, and/or services.

## BHS POOL REGISTRATION FORM (A separate form is required for each membership)

Name:	Date of Birth:
Address:	City/State/Zip:
Home Phone:Cell Phone:	Email:
Emergency Contact:	_Phone:
Membership Type (Please Circle One) Res. Adult/Res. Sr/Student/Staff 1 year 6 months (If registering a student/child, please complete the section below) Name:	1 year 6 months
Address:	
Parent Name:Ad	ldress:
Home Phone:Cell Phone:	Email:
Emergency Contact:	Phone:
Membership Type (Please Circle One) Res. Adult/Res. Sr/Student/Staff 1 year 6 months I have read the Pool User Agreement and the regula	1 year 6 months
Adult User (18 & Over) Name:	
Signature:	
PARENTAL PERMISSION (Required for all student/child members under age 18)	
My child may use the Beacon High School Pool according to the	rules, regulations and waiver paragraph.
Parent Name: Da	ate:
Parent Signature:	
STUDENT USER (Required for all student/child members under age 18)	
Student Name:I	Date:
Student Signature:	
FOR OFFICIAL USE ONLY:	
Member Number Fee Paid Check#/Cash Receipt#	Date
BCSD Representative Resident Non Resident ID/Form C	omplete