

Matthew Robinson, High School Principal

Al Mattice, Assistant Principal  
Kathryn McTiernan, Assistant Principal  
Lisa Perrone, Assistant Principal  
Scott Seligman, Assistant Principal

Winter 2024

Dear Ballston Spa Swimmer,

Below are the payments for the optional pool membership forms. Those who have paid already and or want to start a new pool membership, please fill out the forms below. Upon completing the form, please be sure to check renewal, new or continue paying per visit. Should you have any further questions, feel free to contact me.

**Annual Pool Members:**

Payment Due: Friday February 1, 2024 (Valid until next payment date)  
**(checks are preferred)**

**Half Year Pool Members:**

Payment Due: Friday February 1, 2024 (Valid until next payment date)  
Payment Due: Friday August 30, 2024 (Valid until next payment date)  
Payment Due: Friday February 7, 2025 (Valid until next payment date)  
**(checks are preferred)**

Sincerely,

Stephanie J. Gellatly  
Aquatic Coordinator  
Ballston Spa Central School District  
220 Ballston Avenue. Ballston Spa. NY. 12020  
518.884.7150 ext.2324 Aquatic Office  
518.884.7150 ext.2359 Pool Deck  
*Educating Everyone Takes Everyone*

Registration forms can be mailed to:  
**Pool Registrations:  
C/O: Aquatic Coordinator  
Ballston Spa High School  
220 Ballston Ave.  
Ballston Spa, NY 12020**

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Name: \_\_\_\_\_

**Annual Pool Membership**  
 (Check a box below)

**Renewal/New/Per**   
 (Circle Renewal/New)

Resident		Amount	Non-Resident		Amount
<input type="checkbox"/>	Student	free	<input type="checkbox"/>	Student	free
<input type="checkbox"/>	Individual Adult	\$50	<input type="checkbox"/>	Individual Adult	\$60
<input type="checkbox"/>	Individual Senior 65yrs+	\$30	<input type="checkbox"/>	Individual Senior 65yrs+	\$40
<input type="checkbox"/>	Family House Hold (Up to 4 people)	\$120	<input type="checkbox"/>	Family House Hold	\$130

**Annual Pool Membership is**  
**due:** Friday September 25, 2022

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### Half Year Pool Membership

(Check a box below)

### Renewal/New/Per Visit

(Circle Renewal/New)

Resident		Amount	Non-Resident		Amount
<input type="checkbox"/>	Student	free	<input type="checkbox"/>	Student	free
<input type="checkbox"/>	Individual Adult	\$25	<input type="checkbox"/>	Individual Adult	\$30
<input type="checkbox"/>	Individual Senior 65yrs+	\$15	<input type="checkbox"/>	Individual Senior 65yrs+	\$20
<input type="checkbox"/>	Family HouseHold (Up to 4 people)	\$60	<input type="checkbox"/>	Family House Hold	\$65

	Family Household Names	Grade	Date of Birth
1			
2			

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3			
4			

**Name:**

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**ID Card Number:**

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**\*\*\*Aquatic Coordinator will provide you with an ID Card Number. (These will be kept at the pool)**

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**Driver's License Number:**

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**Driver's License Plate Number:**

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**Please cut this out and place it on your car dashboard for when you park in the school's parking lot.**

**\*If you are a morning lap swimmer, please park in visitor parking, not student parking.**

<p><b>Ballston Spa Pool Member 2024-2025</b></p>
<p><b>Name:</b></p>
<p><b>Morning/ Evening Lap swim and Open Swim</b></p>

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**Registration forms can also be mailed: (checks are preferred)**

**Pool Registration ID**

**C/O: Aquatic Coordinator**

**Ballston Spa High School**

**220 Ballston Ave.**

**Ballston Spa, NY 12020**

**Any further questions contact:**

Stephanie J. Gellatly

Aquatic Coordinator

Ballston Spa Central School District

220 Ballston Avenue. Ballston Spa. NY. 12020

518.884.7150 ext.2324 Aquatic Office

518.884.7150 ext.2359 Pool Deck

[sgellatly@bscsd.org](mailto:sgellatly@bscsd.org)

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**Emergency Form**  
**2024-2025**

**Name:** \_\_\_\_\_  
\_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

(Check a box)

**Resident:**

**Non-Resident:**

**\*\*\*Disclaimer: In the case of a medical emergency please list whom you would like contacted.**

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Lisa Perrone, Assistant Principal  
Scott Seligman, Assistant Principal

<b>Name of Emergency Contact Person 1:</b> _____	<b>Number of Emergency Contact Person 1:</b> _____
<b>Name of Emergency Contact Person 2:</b> _____	<b>Number of Emergency Contact Person 2:</b> _____
<b>Additional Contact:</b>	
<b>Additional Contact</b>	

**Additional Information:**

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