

# NEW CARLISLE POOL

## 2021 Season Information

### DAILY RATE

**Student:** \$5 (5-17)

**Seniors:** \$5 (65 and up)

**Adults:** \$6 (18 and up)

**Spectator:** \$3  
(non-swimmer)

Children 4 and under are  
**FREE** with a paid admission

After 6pm: \$3 per person

### FAMILY OF 4 SEASON PASS

#### Pre-Purchase DISCOUNTS!!

**Pre-Purchase: Dec. thru Memorial Day: \$225**

**Purchase after Memorial Day: \$250**

\$10 each additional family member over 4.

"Family Member" is defined as everyone living in a household.

Grandparents can be added to family pass for \$50 (each) per year.

**Group Rates available upon request.**

### SINGLE MEMBER 1 YEAR SEASON PASS

**Student:** \$100 (5-17)

**Senior:** \$100 (65 and up)

**Adult:** \$125 (18 and up)

**Spectator:** \$50.00  
(non-swimmer)

### SPECIAL EVENTS

The New Carlisle Pool offers group rates for birthday parties, family reunions and private or company after-hour parties.

Rates include use of the pool only. Rates are based on 25 persons while the pool is open or 50 persons after hours. Additional cost will occur if number of persons exceeds the number listed above.

### DURING POOL HOURS PARTY

**Members:** \$90/3hrs

**Non-Member:** \$140/3hrs

### AFTER HOURS RENTAL

**Members:** \$175/2hrs

**Non-Member:** \$240/2hrs

\$25 per hour will be added for additional 1-25 persons.

### POOL PERKS

Heated Pool

Swim Team

Special Events

Swim Lessons

After Hours Swims

Lounge Chairs

Picnic Tables

Sand Volleyball

PM Parties

Shelter Area

Basketball Court

Baby Pool

Concession Stand with...

Pizza, Snacks, Drinks, Candy

...AND MUCH MORE

### MEMBER PERKS

Bring a Friend Day

Late/Early Swim

...AND MUCH MORE

### POOL HOURS

**May 28th - July 31st**

..... noon - 8pm

**August 1st - 22nd**

..... noon - 7pm

\*Pool hours subject to change

The pool may be closed for inclement weather, low patronage, maintenance, health conditions, or for any other reason deemed necessary by the New Carlisle Pool Managers.

Pool may close early for special events (per posted notice)

### **CREDIT & DEBIT CARDS**

**ACCEPTED AT THE GATE AND AT THE CONCESSION STAND THIS SEASON!**

**No food or drinks are permitted to be brought in to the New Carlisle Pool**

### Pool Rules & Regulations

- Children must be at least 10 years old and pass a swim test to stay alone at the pool. If under 10 years, you must be with a responsible person that is over 16 years and has passed a swim test.
- All patrons must be willing to take a swim test.
- Members may NOT book parties for non-members.
- All members must have photo taken and give the attendant their Membership Pass upon each entry.
- Non-Members must pay and sign in to enter the pool area.
- No smoking or vaping in the facility.
- All non-toilet trained people must wear swim diapers in the pools.
- No alcohol or drug abuse will be tolerated.
- Baby pool is for children 5 years and under and your child MUST be accompanied by an adult at ALL TIMES.
- All of the rules are posted at the pool.
- No Coolers - Outside food & drinks not permitted.

**NEW CARLISLE POOL • 301 E. Lake Street • New Carlisle, Ohio 45344 • 937.845.8116**

**For more information and event listings, go to [www.facebook.com/newcarlislepool](http://www.facebook.com/newcarlislepool)**

# 2021 New Carlisle Pool Season Pass Application

**FAMILY PASS: (2 to 4 Family Members living in the same household)**

**Pre-Purchase:** December thru Memorial Day: \$225 • After Memorial Day: \$250

Each additional family member (same household) over 4 - \$10

*Grandparents add on \$50 (this add on is for Senior Citizens only added to a regular Family Pass)*

**SINGLE PASS:** Student: \$100 (5-17) • Senior: \$100 (65 and up) • Adult: \$125 (18 and up) • Spectator: \$50 • Children 4 and under are FREE

**Please fill out this form completely and return it to the City Building or New Carlisle Pool with payment.**

## General Information

Pass Holder's Last Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Cell Phone: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

Parent Work Phone: \_\_\_\_\_ Parent Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Emergency Contact Information *(additional contact in case a parent can't be reached)*

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Type of Application

Student: \_\_\_\_\_ Senior: \_\_\_\_\_ Adult: \_\_\_\_\_ Family: \_\_\_\_\_

## Application Information *(Please list names and ages of family members to be on the pass — must be living in the same household)*

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

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

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

***If there are known allergies or medical conditions associated with the above applicants. Please list below.***

\_\_\_\_\_

**TO AVOID MISUSE OF SEASON PASSES WE ARE ASKING FOR A PASSWORD. YOU WILL BE ASKED TO SHOW YOUR PASS WHEN ENTERING THE POOL  
YOUR PHOTO WILL BE TAKEN**

**\*\*\*\* The password should be something that all family members can remember \*\*\*\***

**PASSWORD:** \_\_\_\_\_

## Swimming Pool Pass Agreements

The undersigned hereby certifies that all persons listed on this application are immediate family members living in the same household and further understands that falsification of this application will result in the termination of the pool pass with no refund. (College students, home for the summer, can be included for family rates.)

I agree to hold harmless the City of New Carlisle, its representatives, volunteers and employees forever from liability for any and all loss or damage, cost or expense, personal injury, property damage or wrongful death arising from swimming at the New Carlisle Pool. I agree to obey the rules and regulations of the New Carlisle Pool and follow instructions of the life guards, management and all other staff. The City of New Carlisle make a reasonable effort to provide a safe swimming pool facility, however, the users of this facility do so at their own risk.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*\* APPLICATION MUST BE SIGNED BY A PARENT OR GUARDIAN \*\*\*\*\***

## Office Use:

Rate: \_\_\_\_\_ Cash: \_\_\_\_\_ CC: \_\_\_\_\_ Check#: \_\_\_\_\_ Date: \_\_\_\_\_