



2025 NORTH CASTLE POOL PERMIT APPLICATION

Office: 40 Maple Avenue, Armonk, NY 10504

Pool: 3 Greenway Road, Armonk, NY 10504

Office: (914) 273-3000 x49 Pool: (914) 273-3275

Fax: (914) 273-2139

Email: recreation@northcastleny.com

TWO (2) PROOFS OF RESIDENCY REQUIRED FOR ALL APPLICATIONS

* NEW OR RENEWAL *

LAST NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

Pool Season May 24 – September 1

Fees Increase June 2

* INDIVIDUALS UNDER AGE 14 YEARS MUST BE ACCCOMPANIED BY AN ADULT AND BE ACTIVELY SUPERVISED AT ALL TIMES *

Town Resident Family	\$450 / \$550	School District Family	\$650 / \$750
Town Resident Individual 14 yrs.+	\$200 / \$300	School District Individual 14 yrs.+	\$350 / \$450
Town Resident Senior Ages 65-79	\$75 / \$100	School District Daily 14 yrs.+ (+\$8 per visit)	\$110 / \$210
Town Resident Senior 80 yrs.+	Gratis / Gratis	School District Ages 1-5	\$75 / \$85
Town Resident Daily 14 yrs.+ (+\$8 per visit)	\$65 / \$110	(w/ School District Individual Pass ONLY)	
Town Resident Ages 1-5 (w/ Res. Individual or Res. Daily Pass ONLY)	\$45 / \$65	*** School District Passes are for families with children in the BHSD but are not residents of the Town of North Castle ***	
Live-in Nanny/Live-in Caretaker (Resident Families ONLY)	\$165 / \$165		
Non-Resident Family	\$850 / \$950	GUEST FEES - Paid upon entry to pool WITH a member ONLY ! Maximum of two (2) guests per pass holder. <i>No guests allowed with "Daily" permits.</i>	
Non-Resident Individual 14 yrs.+	\$500 / \$650		
Non-Resident Senior 65 yrs.+	\$250 / \$350	Ages 13 years and up	\$5 weekday / \$10 weekend & holiday
Non-Resident Ages 1-5 (w/ Non-Resident Individual Pass ONLY)	\$95 / \$105	Ages 1 to 12 years	\$3 weekday / \$8 weekend & holiday

MEMBER INFORMATION

Family Consists of Two Parents (in the same Household) and Children 22 Years and Under

First Name:

Gender:

D.O.B.

First Name:

Gender:

D.O.B.

M F _____

CONDITIONS OF PERMIT ISSUANCE

1. Pool permit applications are valid for ONE (1) YEAR and must be completed annually with renewal.
2. Two (2) acceptable proofs of residency must be shown at the time of application: driver's license, utility bill, mortgage or bank statement. Library card, auto insurance ID card, or prior year permit will NOT be accepted for proof of residency.
3. There will be a \$20 fee for any returned checks.
4. There are NO REFUNDS on pool permits; pool permits are NOT TRANSFERRABLE.
5. Lost cards may be replaced for a \$5 fee.

By completing this application, I acknowledge the Parks and Recreation Department policies for pool permit registration.

I swear under penalties of perjury, that the information contained in this application is true and correct.

Applicant Signature: _____

Date: _____

NORTH CASTLE POOL GENERAL RULES:

1. Be aware of Pool Depth Markers at all times.
2. Please obey the directions of the Lifeguards on Duty. Do not talk to the Lifeguards on Duty unless in need of emergency assistance; all other inquiries can be made at the Pool Office.
3. Smoking, Alcoholic Beverages or Drug Use of any kind will not be tolerated.
4. Food is NOT ALLOWED in EITHER POOL at any time!
5. No running, ball playing or dangerous play will be allowed anywhere on the pool deck.
6. Diving Boards are open ONLY in the presence of a Lifeguard and if Bather Capacity permits. Management reserves the right to close or open the diving boards as it sees fit.
7. Adults are responsible at all times for any children using a swim aid ("floaties" or "bubbles") and must be within an arm's length of those children at all times.
8. Individuals 13 and under sent to the pool without supervision will not be allowed admittance.
9. Town flotation equipment is NOT available for use by the public. Swim Aids (snorkels, face masks, etc.) are not permitted in the pool without the permission of the Pool Manager on Duty.
10. Children still in the "diaper stage" are permitted ONLY with a swim diaper OR rubber pants over a regular diaper; there are no exceptions! Diaper leaks will result in pool closure!
11. Strollers and other infant chairs must remain a minimum of 5 feet away from all pool edges (Main Pool AND Wading Pool).
12. All music players MUST be used with headphones; no out-loud music will be permitted.
13. Proper swimming attire must be worn at all times.
14. The Town of North Castle is NOT responsible for any items lost or stolen from the locker rooms or on the pool deck; all valuables are the responsibility of the owner.
15. Adults have priority over children in using pool furniture (lawn chairs, etc.) in times of high demand.
16. Pools will close upon the first indication of thunder or lightning and will remain closed until management determines it safe to re-open (usually a full half hour after the last sign). ALL patrons must leave the pool deck and go indoors; **NO REFUNDS OF GUEST FEES ARE GIVEN AS A RESULT OF WEATHER CLOSURE.**
17. A maximum of 2 guests per card holder permitted per day. Valid full permit holder must accompany guests at all times.
18. All Children ages 6 and up MUST use their gender-appropriate locker room.
19. All Members MUST Enter and Exit through the front entrance to the Parking Lot and not through the gates on the Pool Deck.

RELEASE OF LIABILITY – PLEASE PRINT

In consideration of your acceptance of MYSELF _____, SPOUSE _____

and my CHILDREN _____

I hereby agree to abide by the Town of North Castle's rules and regulations for the operation of the Pool Facility. I further acknowledge that if I have children / guests who use the facility that I am responsible for their supervision and their observance of the rules and regulations. I further recognize that rules and regulations are for my safety and the safety of others using the pool facility and that my failure to observe the rules and regulations may result in serious injury to myself or others. I acknowledge that the Town of North Castle is not responsible for personal property and waive any claim of liability on the part of the Town for loss or damage to personal property.

NAME: _____

DATE: _____

SIGNATURE: _____

PAYMENT

CASH **CHECK** - Check No. _____ (Payable to 'North Castle Recreation')

VISA **MASTER CARD** **AMERICAN EXPRESS**

CARD NUMBER _____ EXP. DATE _____ BILLING ZIP CODE _____

NAME ON CARD (Print) _____ SIGNATURE _____