



Please call ahead: 607-433-1500

If not paying with cash, please provide info on back



2026 Non-Resident Large Group Pool Pass

Group 1

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Cell Phone: ____ - ____ - _____

Household Members and DOB

Group 2

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Cell Phone: ____ - ____ - _____

Household Members and DOB

Group 3

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Cell Phone: ____ - ____ - _____

Household Members and DOB

Emergency Contact Name (Local): _____ Phone: _____

Relationship: _____ Alternate Phone (optional): _____

Please read and initial the following regarding child safety and regulations:

- I give the Oneonta YMCA permission to use, for purposes of promotion of YMCA Programs, photographs and video footage of my child. I understand that my child will not be identified and may include newspaper, YMCA Lobby Screen, YMCA Social Media Pages, YMCA Website, and YMCA promotional flyers and brochures. _____
- I understand that I must remain in the pool area if my child is under the age of 11 unless accompanied by someone age 14 or over _____
- I certify that my child is in normal health and is capable of participation in this facility and that I assume the risks incidental to the conduct of this facility. I also understand children may leave this facility at any point without staff intervention. _____
- I understand that I must be available during pool hours in case of emergency and that, in situations of extreme medical emergency, Emergency Medical Services may be called prior to contacting me. _____
- I agree that my name and DOB are accurate and will be run through the YMCA's sexual predator database, all individuals who are on the sex offender registry are not allowed access to any YMCA facility. _____
- I understand that from the hours of 5-7pm children must be accompanied by an adult ages 18 years or older. _____
- I understand children that are behaving in a way that is deemed unsafe for themselves or other patrons will be asked to leave the pool and this may lead to suspended pool privileges. _____
- I understand that lifeguards have final determination in safe and appropriate behavior. _____
- My child is at least 11 years old, The best contact *during* pool hours: Cell Phone (circle) or Other _____

Parent/ Guardian Signature

Parent/ Guardian Name (please Print)

Date

Credit Card info:

_____ - _____ - _____

Exp: ____/____

CVV: _____

Information will be blacked out after transaction