

# ***TUESDAY & THURSDAY EVENING ADULT SWIM OPPORTUNITY***

**When:** September 2025 - January 2026

**Where:** Felix V. Festa Middle School Indoor Pool

**Time:** 8 - 10 pm

For 25 evenings between October and January registered adults can end their days by enjoying a refreshing swim in the indoor pool located at the Felix V. Festa Middle School, 30 Parrott Road, West Nyack, NY. This program is open to adults over the age of 18 only. Lifeguards will be provided. Locker rooms and facilities will be available to all registered members. Participant enrollment is limited to safety and spacing and will be on a first-come, first-serve basis.

**FEES:**           \$ 100 for residents of the Clarkstown Central School District  
                  \$ 150 for non-residents of the Clarkstown Central School District  
                  \$ 0 for residents possessing a CCSD Gold Card  
                  *(To obtain a CCSD Gold Card call 639-6418)*

**DATES:**       September: 18, 25  
                  October: 7, 9, 14, 16, 21, 23, 28, 30  
                  November: 4, 6, 13, 18, 20, 25  
                  December: 2, 4, 9, 11, 16, 18  
                  January: 6, 8, 13

**NOTE:**        Fee is unchanged until the program is half complete (November 14th) at which time it is reduced by one-third (residents - \$66, non-residents - \$99).

PARTICIPANTS MUST EXIT THE BUILDING NO LATER THAN BY 10:15 PM. PARTICIPANTS ARE REQUIRED TO BECOME FAMILIAR WITH AND ADHERE TO ALL POSTED POOL RULES PRIOR TO USE. FAILURE TO ADHERE TO POOL RULES CAN RESULT IN REMOVAL FROM THE PROGRAM. CANCELLATIONS WILL BE POSTED ON THE [www.CCSD.EDU](http://www.CCSD.EDU) MAIN WEBPAGE AND ATTEMPTS WILL BE MADE TO CONTACT PARTICIPANTS INDIVIDUALLY VIA EMAIL.

Once registered, your name will be placed on our member list. Simply bring photo ID and present to the Lifeguard on duty to gain entrance into the pool.

*Questions can be directed to Dr. Christopher Serra at 624-3970x5565 or [cserra@ccsd.edu](mailto:cserra@ccsd.edu)*

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE (HOME/CELL/WORK):** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ *T/Th25*

**RETURN THIS ENTIRE FORM ALONG WITH PROOF OF GOLD CARD MEMBERSHIP (if applicable) TO:**

Dr. Christopher Serra, Felix V. Festa Middle School, 30 Parrott Road, West Nyack, NY 10994

***MAKE CHECKS PAYABLE TO THE "CLARKSTOWN CENTRAL SCHOOL DISTRICT"***

***RETAIN A COPY OF THIS FORM FOR YOUR RECORDS***