

# BOROUGH OF ETNA 2025 SWIMMING POOL APPLICATIONS

Season passes will be on sale May 12, 2025. If you purchase your tags by mail, complete the application and send it with your remittance and a **SELF-ADDRESSED, STAMPED ENVELOPE** to: Borough of Etna, 437 Butler St., Etna, Pa. 15223. The rates are as follows:

	SEASON PASSES	
	FAMILY	SINGLE
Etna Borough Residents:	\$150.00	\$105.00
Shaler Area & Fox Chapel School District Residents:	\$190.00	\$120.00
Senior Citizens - Etna residents only - 65 yrs. & over - Free (Proof required)		

The household permit is valid for individuals, adults or minors, living at the same address. Please make check payable to: Borough of Etna.

BOROUGH OF ETNA

Amount Paid: \_\_\_\_\_

The undersigned, a resident of \_\_\_\_\_, residing \_\_\_\_\_,  
 Phone No. \_\_\_\_\_ applies for permit to use the public swimming pool of Etna Borough for the 2025 season and agrees to abide by the rules and regulations of the pool, park, and bath house.

**PROOF OF RESIDENCY IS REQUIRED FOR ALL PASSES – CAN INCLUDE REPORT CARD, DRIVER’S LICENSE OR BIRTH CERTIFICATE. CHILDREN 8 YEARS & UNDER MUST BE ACCOMPANIED BY A 13-YEAR-OLD OR OLDER WHILE IN THE SWIMMING POOL. ALL TAGS MUST BE SECURELY SEWN TO THE BATHING SUIT, OTHERWISE NO ADMITTANCE.** Applicant agrees that the use of the pool is at the risk of the bather. Applications for minors must be signed by parent or guardian. **SWIMMING TAGS MUST NOT BE LOANED AS PERMIT AND IS NON-TRANSFERABLE AND WILL BE REMOVED IF PRESENTED AT THE GATE BY ANY OTHER THAN THE ONE TO WHOM ISSUED.** Proof of Residency provided & attached copy: \_\_\_\_\_

(Borough Use)

(Please Print)

Tag. No.	Tag To Be Issued In The Name Of:	Age (if under 21)
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\*\*This application covers one (1) household unit only as described above. If nearing capacity, the Borough reserves the right to limit admittance daily with pass holders’ preference.

By signing, I acknowledge and understand policies and conditions of Etna Borough Pool use, and the information provided is true and correct.

SIGNED: \_\_\_\_\_ Date: \_\_\_\_\_

**SPECIAL NOTICE:** On a separate piece of paper, list relevant medical problems of each swimmer (allergies, diabetes, etc.) that can be referred to in the case of an emergency. This information will be classified "Confidential for Supervisor Only".