

ELIZABETHTOWN COLLEGE
DEPARTMENT OF ATHLETICS – ALUMNI POOL
Open Lap Swim Hours – Spring 2026
Monday January 12th to Tuesday May 5th

To register and pay online: <https://www.givecampus.com/schools/ElizabethtownCollege/events/open-lap-swimming-spring-2026>

Day	Time	Time	Time
Monday	6:00-7:30 AM	11:30-1:30 PM	9:00-10:30 PM
Tuesday		11:30-1:30 PM	9:00-10:30 PM
Wednesday	6:00-7:30 AM	11:30-1:30 PM	9:00-10:30 PM
Thursday		11:30-1:30 PM	
Friday	6:00-7:30 AM	11:30-1:30 PM	
Saturday		1:00-3:00 PM When there is no meets/events	
Sunday		2:00-5:00 PM (4:00-5:00 for campus community only)	

Cost for Community and Campus Affiliate Members

- Community Individual Adult Pass (ages 16-64): \$90.00
- E.C. College Alumni & College Retiree (same rate for individual spouse/dependent of Alumni/Retiree): \$70.00
 - Community Senior Citizens (65 & Older): \$70.00
 - Community Family Pass* (includes 2 adults and dependents): \$200.00
 - Alumni & retiree Family Pass (includes spouse and dependents): \$180.00

*Memberships issued for children ages 6-16 will be contingent on their ability to pass a swim test administered by the lifeguard (25 yard swim and 30 seconds treading water). There must also be an adult (18+) supervising at all times.

The college pool is a lap pool only. *ID required at time of sign-in.

Par-Q, Emergency Contact, and Waiver required to be completed prior to first use.

-Credit Card payment (preferred) may be made online at

<https://www.givecampus.com/schools/ElizabethtownCollege/events/open-lap-swimming-spring-2026> (if paying online, parking tag will be available on your first day or may be picked up ahead of time in Athletics).

-Call 717-361-1274 for appointment if you need to pay by check (online payment is preferred).

Parking tag for 2025-2026 school year will be issued at first swim [Fall parking passes are valid for spring 2026]

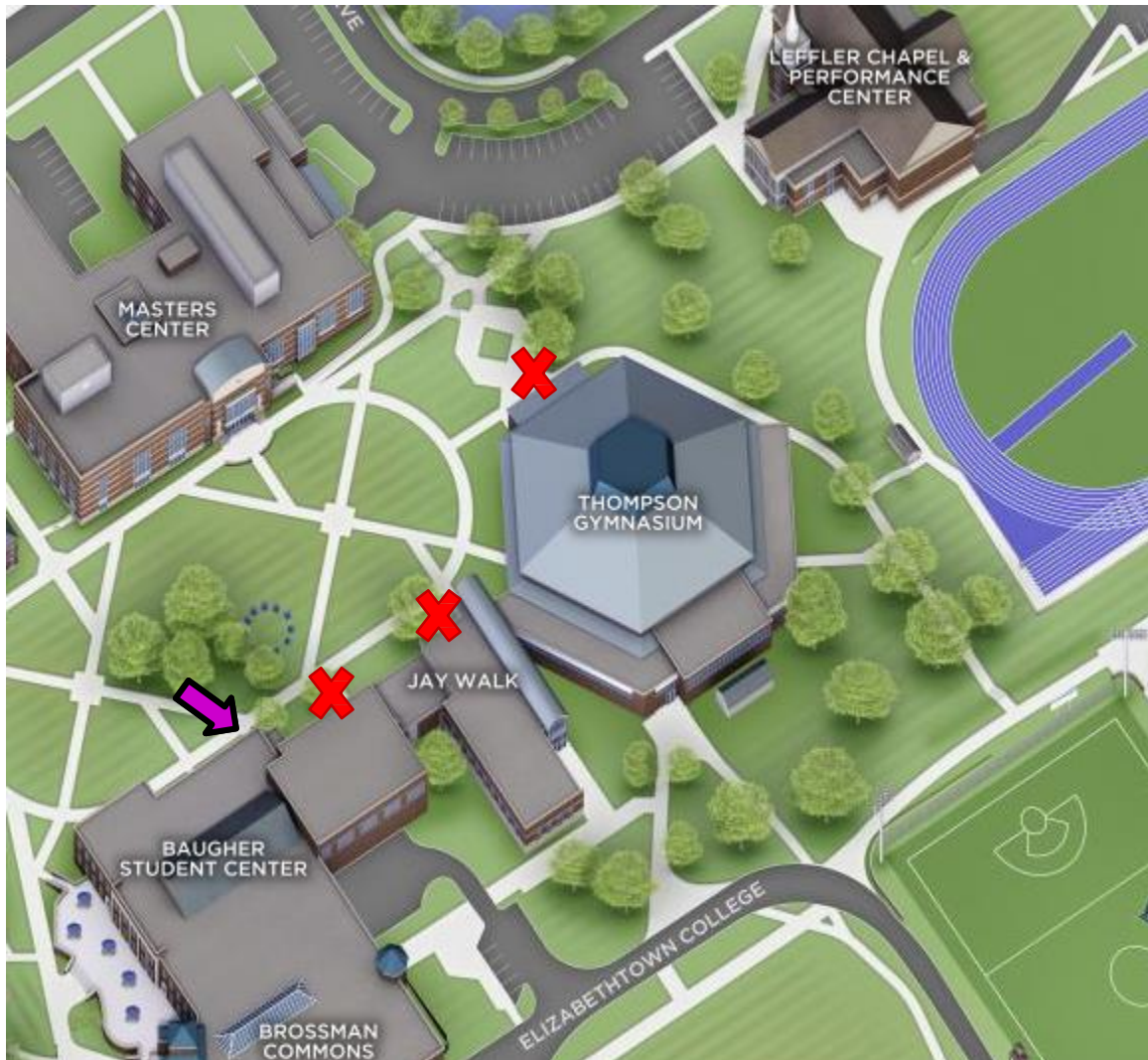
Pool closures: 2/28 to 3/7 [Spring Break]; 4/3 to 4/5 [Easter Holiday];
4/21 [11:30-1:30 pending guard availability due to SCAD presentations]

Delayed Opening: Sunday 3/22 [Will open at 3:00 PM due to event]

Potential Late Openings Due to HS Meets: 1/13; 1/20; 1/27

- Park in Leffler Chapel lot on College Avenue, next to Lake Placida. Pool Parking hang tag provided & must be hung on rearview mirror.
- Enter through front Thompson Gym doors, bear right and follow hallway to the pool entrance. If this door is locked, proceed to the nearest BSC door (see attached map).
- Swimmers must check in (each time) with Lifeguards upon arrival on the pool deck.
- Women use Community Locker Room # 101A. Access to Men's Locker Room is from the pool deck.
- Please contact the Athletic Dept at 717-361-1137 for handicap access instructions.

Thompson Gym/Pool Entrance



Doors locked prior to 7:00am. Doors locked after 7:00pm.



Enter here for Pool Access prior to 7:00am or after 7:00pm.

PARKING

- Display the yellow Parking Hang Tag.
- Use Parking lots at the front of Thompson Gym (near Lake Placida) and at the top of Cedar Street.

LOCKER ROOMS

- Women use COMMUNITY WOMEN'S LOCKER ROOM #101 (near Pool Entrance)
- Men access Locker Room from Pool Deck only.

Please contact the Athletic Dept at 717-361-1274 for handicap access instructions.

EMERGENCY CONTACT FORM – 2025/2026 SY

PARTICIPANT DETAILS	Name: _____ Age: _____ Date of Birth (required for login system) : _____ Home Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Home <input type="checkbox"/> Cell <input type="checkbox"/> Email (please write clearly for system login) : _____ _____ If participant is a minor, please list parent names _____ _____
	Please list the details of people to be contacted in the event of an emergency.
EMERGENCY CONTACT 1	Name: _____ Relationship: _____ Home Phone Number: _____ Cell Phone: _____
EMERGENCY CONTACT 2	Name: _____ Relationship: _____ Home Phone Number: _____ Cell Phone: _____
MEDICAL	Do you have any medical issues you would like us to be aware of: No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, please specify _____ _____ <p style="text-align: center;">*If you answered "Yes" to any questions on the Par-Q, you need medical clearance from a doctor to participate. Please send in or give to a guard on your first day. Clearances are good for a 12 month period.</p> Which hospital would you like to be transported to in the event of a non-life-threatening emergency: _____ _____

For pool use only

Paid Par-Q Waiver * If under 16 swim test completed

Elizabethtown College
Assumption of All Risks, Release & Indemnification

I, _____, hereby acknowledge that my participation in _____ **Alumni Pool Lap Swimming** _____ (the "Activity"), an activity/event, at Elizabethtown College (the "College"), during the _____ academic year, is voluntary and that my participation in the Activity is a courtesy extended by the College.

RECOGNITION OF AND ASSUMPTION OF RISKS. I acknowledge that I am fully aware of and accept all risks, known and otherwise, related to the Activity, including but not limited to the risk of personal injury, up to and including death, all other risks to my health, safety, well-being, and property. I also acknowledge that participation in the Activity may exacerbate any medical condition, diagnosed or otherwise, that I have. Despite these risks, known and unknown, I choose to participate in the Activity. To the best of my knowledge, information and belief, I am able to fully participate in the Activity. I acknowledge that the College has recommended that I consult with a licensed physician, and follow that physician's advice, before participating or continuing to participate in the Activity.

PROMISE TO BEHAVE RESPONSIBLY. In consideration of the permission granted to me by the College to participate in the Activity, I will conduct myself in a responsible, reasonable, manner at all times, including by complying with Elizabethtown College Policies at all times. Further, I understand that College may disallow me to participate in the Activity if my behavior does not comply with the standards of conduct required by the College. I agree that any money paid or costs incurred to participate in the Activity will be forfeited if the College disallows me to participate in the Activity.

INJURY OR ILLNESS. I understand that I am responsible for my health and promise not to participate in the Activity if I am injured or do not feel well. I also promise to seek immediate medical attention if, during the course of any activity related to the Activity, I become injured or feel unwell. I understand and agree that the College may not have medical personnel for each game, competition, or other event related to the Activity. I grant permission to the College to authorize emergency medical treatment, if needed, and in the event that I am unable to consent to such treatment. I agree that the College assumes no responsibility for any injury or illness resulting from any authorized medical treatment. I represent that I have health insurance and promise that if I become injured or ill as a result of my voluntary participation in the Activity, I will submit all medical bills and related costs to my health insurer.

RELEASE AND INDEMNIFICATION. For myself and any person who may claim through me or in my stead, and in exchange for and in consideration of the College allowing me to participate in the Activity, I assume all risks, known or otherwise, of injury associated with the Activity and any related activities. I agree to release, hold harmless, and indemnify the College, its Board of Trustees, officers, agents, administrators, employees, and independent contractors from any and all liability, actions, causes of action, claims or demands of any nature whatsoever, including without limitation negligence, that may result from my participation in the Activity, including travel or any other related activity.

By signing below, I represent to the College that I have read and understood the above terms, have had ample time to consult with any legal advisors, and voluntarily agree with the above terms without condition and without duress.

Signature

Date

Date of Birth

The undersigned parent/legal guardian of the above-named student, a minor, consents to the participation of the student in the Sport subject to above terms.

Signature of Parent/Guardian(If Student is under 18 years of age)

Date



PAR-Q & You

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active. If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 16 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor. Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you feel pain in your chest when you do physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the past month, have you had chest pain when you were not doing physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you lose your balance because of dizziness or do you ever lose consciousness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you know of any other reason why you should not do physical activity? |

If you answered "YES" to one or more questions:

- Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.
 - You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
 - Find out which community programs are safe and helpful for you.

If you answered "NO" to all questions:

- If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- Start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go
- Take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.
- If you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better; or
- If you are or may be pregnant – talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: Elizabethtown College assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity

I have read, understood and completed this questionnaire honestly. Any questions I had were answered to my full satisfaction.

NAME _____

SIGNATURE _____

DATE _____

The undersigned parent/legal guardian of the above-named student, a minor, consents to the participation of the student in the Sport subject to above terms.

Signature of Parent/Guardian(If Student is under 18 years of age)

Date _____

NAME _____

SIGNATURE _____

WITNESS _____

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.