



APPLICATION FORM FOR ORGANIZED YOUTH GROUPS UTILIZING CITY OF DALLAS COMMUNITY POOLS



ORGANIZATION: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PERSON IN CHARGE _____ EMAIL: _____

COMMUNITY POOL REQUESTED: _____

Date(s) requested:

Date	Day of Week	Arrival Time	Departure Time	Est. # of Youth

Current fees are \$2 for 12 and older, \$1 for 11 and under. All members of the group will be required to pay admission including youth and all supervisors. Payment is due upon arrival at the pool.

Indicate method of payment: _____ (cash, money order or company check)

Please initial each of the following statements, acknowledging your understanding and acceptance of the Organized Youth Group Guidelines as set forth in Park Directive PKR-001-AQU:

- _____ 1. Upon arrival at the pool, the person in charge of the group must submit a current and accurate Organized Youth Group Participant List containing the names of all supervisors and names and ages of all youth. An updated list is required for each date of participation.
- _____ 2. Each group must have at least one group supervisor per ten (10) youth. In cases where a child's safety may be a consideration, the pool manager may require a lower ratio.
- _____ 3. All participants and group supervisors must be attired in proper swimwear.
- _____ 4. Group supervisors must be in active control of their participants at all times and must accompany them in the water.
- _____ 5. Group supervisors should be familiar with the swimming abilities of all participants. Non-swimmers must be identified to pool staff before they enter the water and must wear a U.S. Coast Guard approved life jacket and a non-swimmer wristband.
- _____ 6. Before the group may enter the water, they must receive a group safety speech administered by the pool staff.
- _____ 7. The group must have transportation readily available for the removal of participants at all times.
- _____ 8. The applicant assumes full responsibility for the actions of its participants and, that the City of Dallas Park and Recreation Department will not be liable for any loss or damage suffered by any person or property connected with the exercise of scheduling activities in the swimming facility; that the applicant agrees to save and hold the City of Dallas and the Park and Recreation Department whole and harmless from any and all claims of every character whatsoever that may be made against it by reason of the operation of activities in the swimming facility; in this regard some scheduled events may require insurance coverage, showing the City of Dallas Park and Recreation Board as additionally insured parties.

I have read the conditions above and agree to abide by them. I certify that all information submitted on this form and supplemental forms is true.

Signature of Applicant Date

Aquatics Coordinator or Pool Manager Date

ORGANIZED YOUTH GROUP PARTICIPANT LIST

NAME OF GROUP _____ PHONE _____

 POOL LOCATION DATE TOTAL NUMBER PERSON IN CHARGE

SUPERVISOR'S NAME:			SUPERVISOR'S NAME:		
	PARTICIPANTS' NAMES	AGE		PARTICIPANTS' NAMES	AGE
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
SUPERVISOR'S NAME:			SUPERVISOR'S NAME:		
	PARTICIPANTS' NAMES	AGE		PARTICIPANTS' NAMES	AGE
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
SUPERVISOR'S NAME:			SUPERVISOR'S NAME:		
	PARTICIPANTS' NAMES	AGE		PARTICIPANTS' NAMES	AGE
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		

ADDITIONAL SUPERVISORS
