

CYPRESS PARK POOL GROUP SWIM AGREEMENT
757-514-7270 or 757-514-7250



Organization Name: _____ **Sponsor/Contact:** _____

Address: _____ **Phone #:** _____

Number of Attendees (Youth): _____ **Age Range:** _____

Number of Supervisors/Counselors: _____

Days of Week (Tuesday or Thursday): _____ **Date(s) Requested:** _____ **Time:** _____

Group Swim Policy:

Groups of 10 or more must have a reservation to assure adequate supervision and prevent overcrowding of the pool.

- Suffolk P&R programs have priority scheduling for group swimming. Call 757-514-7270, for more information.
- Youth Groups (day cares, camps, etc.) must have a 1 to 10 ratio of supervisors/counselors to youth.
- If there are children under age 5 in the group, the ratio of supervisor/counselor to youth must be 1 to 6.

Groups must sign an agreement:

- Come at a scheduled time only
- Adhere to staff/child ratios
- Provide general supervision of youth
- Provide supervision of group belongings
- Comply with all pool rules
- Non-swimming counselors are not allowed in water over five feet deep

Failure to comply will result in termination of Group Swim Agreement.

This agreement will authorize admission on the following date(s) and time(s) only: _____

This agreement will authorize admission for a total of _____ patrons only.

Sponsor's Signature Date

FOR DEPARTMENT USE ONLY

RECEIVED BY: (Printed name and title) _____ **DATE:** _____

RECOMMENDATION: ___ APPROVED ___ DISAPPROVED

___ APPROVED ___ DISAPPROVED **BY:** _____ **DATE:** _____

___ APPROVED ___ DISAPPROVED **BY:** _____ **DATE:** _____

DATE(S) REQUESTOR is contacted _____

Contacted By (Printed Name and Title) _____

Additional Notes: _____