

# GROUP USE REGISTRATION UPPER DUBLIN COMMUNITY POOL – 2016 SEASON

## Your group has been invited to use the Community Pool!

In order to receive the group entry rate, your group needs to:

- (1) **Pre-register with UDP&R by the first Friday in June**
- (2) Secure a **scheduled** swim day & time
- (3) Provide a Seasonal Use Bond, Certificate of Insurance, Liability Waiver and photocopy of the group leader(s) Driver's License

## UDCPool

1. Public hours begin Saturday, June 18th and end Monday September 5th
2. **Group use Begins Monday, June 20, 2016 and ends Friday, August 19, 2016**
3. Weather permitting, hours will be Noon-6:00p Monday-Friday & 1p-8p on weekends and holidays.
4. Hours during the last two weeks of the season may be reduced due to staff availability.
5. UDP&R provides **certified guards**.
6. **Please have your Water Safety Training completed before your first visit to the pool.**  
*For more information please contact: Dan Castagna Jr. EMT-B, Emergency Care Health & Safety  
484-478-2642    [dan@echsafety.com](mailto:dan@echsafety.com)    [www.ECHSafety.com](http://www.ECHSafety.com)*

## To Register

1. **Fill out the attached form and return all documents to UDP&R no later than June 3, 2016.**
  1. A clear photocopy or scan/e-mail, (please do not fax) the **group leader's valid driver's license**.
  2. **A Seasonal Use Bond is required – SEE BOX BELOW.**
  3. A Certificate of Insurance naming Upper Dublin Township as certificate holder.
  4. The attached liability waiver signed and returned.
  5. The Township will schedule groups on a first come, first served basis.

## Group Rules

1. **No more than 75 visitors (swimmers & chaperones) per group allowed at each swim session.**
2. Group swimmers **must be a minimum of 5 years old – NO PRE-SCHOOLERS!**
3. Groups will be assigned a **maximum 1-1/2 hours** at the site.
4. The "clock" starts each day at the assigned arrival time and stops 1-1/2 hours later.
5. Extended use days must be cleared **in advance the UDP&R office x3238 and pool management.**
6. Groups are required to bring **adult supervisors at a rate of 1 adult per 10 children- you will be charged for these individuals.**
7. Groups **must** provide supervision of children while on the grounds & in the changing areas.
8. UDP&R will withhold \$25 from a Security Deposit for each occurrence of vandalism anywhere on site attributed to a specific group

## Weekday Group Rates

1. Groups will be charged at a rate of **\$2.00 per person, including staff for each 1.5hour time slot.**
2. A head count is taken and recorded by a member of our staff each time your group arrives at site.
3. Any group remaining **on site beyond scheduled time** will be charged double.

## Weekday Regular Rates

1. \$1.00 for each UD Township resident 3-12 years of age
2. \$2.00 for each UD Township resident 13 years of age and older
3. \$3.00 for each non-UD Township resident 3-12 years of age
4. \$6.00 for each non-UD Township resident 13 years of age and older

## Weekends/Holidays – No Group Rates Available

### Invoices

1. Invoices for group use will be sent in July, August and September.
2. Prompt payment by check, money order or credit card is requested.
3. Outstanding balances must be paid prior to being readmitted into the pool.
4. Payments will not be accepted at the pool.

***A pass will be issued to your group indicating your approved days & times of use. This information will be kept on site.***

***A SEASONAL USE BOND is required. The bond must accompany your registration form. This may be in the form of cash, credit card, check or money order made payable to "Upper Dublin Township". The amount of your final invoice will be deducted from this bond and either:  
(1) the balance will returned to you; or (2) you will be billed for the balance due.***

If you have any questions contact Upper Dublin Parks & Recreation at (215) 643-1600 ext. 3443.  
You may reach Bill Linde, Evening & Weekend Coordinator, at ext. 3843.

**UPPER DUBLIN COMMUNITY POOL GROUP REGISTRATION - 2016**

Group Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Group Leader \_\_\_\_\_ Cell: \_\_\_\_\_

Person Responsible for Billing: \_\_\_\_\_ Email \_\_\_\_\_

Billing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Main \_\_\_\_\_ Fax \_\_\_\_\_

**Indicate below the day(s) and times(s) you prefer to be scheduled for group swims—INDICATE FIRST AND SECOND CHOICE. Days & times will be confirmed when your pass is issued. **\*\*PLEASE NOTE: ALTHOUGH WE WILL TRY TO ACCOMMODATE YOUR PREFERRED CHOICE OF DAY/TIME, DUE TO AN ABUNDANCE OF CAMP GROUPS WE MAY HAVE TO ASSIGN YOUR GROUP TO YOUR SECOND CHOICE\*\*****

The group's first day of use will be: Day of the week: \_\_\_\_\_ Date: \_\_\_\_\_

The group's last day of use will be: Day of the week: \_\_\_\_\_ Date: \_\_\_\_\_

Select your day and time 1<sup>st</sup> and 2<sup>nd</sup> choice preferences.  
You will be notified of approved day/times.

DAY	Noon-1:30p	1:30p-3:00p	#SWIMMERS (75 or less)	AGES OF SWIMMERS	# SUPV.
MONDAYS					
TUESDAYS					
WEDNESDAYS					
THURSDAYS					
FRIDAYS					

In order to be scheduled for your preferred days & times, please return this form as soon as possible.

**All groups should be registered before June 3, 2016.**

To register include: (please check)

\_\_\_ **COMPLETED** form

\_\_\_ A **CLEAR Photocopy or scan** of group leader's DRIVER'S LICENSE-**do not fax**

\_\_\_ \$ \_\_\_\_\_ .00 Seasonal Use Bond made payable to "Upper Dublin Township"

\_\_\_ Certificate of Insurance naming Upper Dublin Township as certificate holder

\_\_\_ Completed liability waiver

Payment options:

[ ] check # \_\_\_\_\_ [ ] cash

[ ] credit card—name on card \_\_\_\_\_ [ ] Visa [ ] MC [ ] Discover

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_ V-code \_\_\_\_\_

Mail or email to: Upper Dublin Township c/o Linda Brink/Parks & Recreation [lbrink@upperdublin.net](mailto:lbrink@upperdublin.net)  
801 Loch Alsh Avenue  
Fort Washington, PA 19034-1697  
215-643-1600 x3238