



Recreation & Waterfront Department
 Recreation Division
 2701 Telegraph Ave.
 Berkeley, CA 94705
 TEL: 510-981-5105 TDD: 510-981-6903 FAX: 510-981-5160

GROUP PUBLIC SWIM REQUEST FORM

ORGANIZATION INFORMATION

Name: _____ Supervisor Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Business Phone: () _____ Cell Phone: () _____ FAX: () _____

Email Address: _____

Group Public Swim Request

All groups with 10 or more children must submit a written request for a Public Swim date at least 5 days prior to their planned arrival at the pool. Groups will be notified of approved dates. This policy will apply to the summer season (mid-June – late August) only.

Public Swim is 1:00 - 3:00pm Mon.- Fri. and 1:30 – 3:30pm Sat. & Sun.

Dates	Days	Number of Swimmers	Age of Swimmers	Number of Counselors
June				
July				
August				

Group Requirements

- Each group must pay before entrance to the pool.
- All large groups must enter through the side gate once payment has been made.
- Large groups will be required to sit and keep all belongings in the bleacher area or designated deck area.
- All soccer camps must remove cleats before entering the locker room.
- All groups and their staff must receive a safety/pool rules orientation before entering the pool.
- Swimmers must pass a swim test in-order swim in the deep end of both pools.
- Groups must provide a 10:1 ratio of children to counselors in the water.
- Counselors may be required to be in the pool to help supervise large groups.

Consent and Release from Liability

In consideration of permission to participate in Recreation Programs, I for myself, heirs, successors, and assigns, agree to release, defend, indemnify and hold harmless the City, its officers, agents, volunteers and employees from and against any claims, demands, liability, damages, lawsuits or other actions, including but not limited to, personal injury or death or property damage arising out of or in any way connected with my participation or the participation of my child/ward in Recreation Programs.

Signature of Camp / Group Leader: _____ Date: _____