FACILITY REQUIREMENTS: *PLEASE READ*

*** Each group shall be responsible for the conduct of the individuals of the group with an adult 21 years of age or older as the responsible person.**
*** This is a smoke free building; the use of tobacco products is prohibited.**
*** Alcohol is prohibited**
*** To keep track of who is in the building, the contact person is responsible for the attached Birthday Party Sign-in sheet. Prior to the start of the party, the completed sign-in sheet MUST be submitted to the FRONT DESK with everyone's name.**

ROOM REQUIREMENTS:

We have tables and chairs available in our babysitting room.
DECORATIONS:
*** You have access to the room 15 minutes prior your scheduled time.**
*** Please use masking tape to secure decorations.**
*** What you put up you must take down.**
*** The room must be cleaned up by departure time.**
*** Food is permitted in the babysitting room only – please clean up the following areas:**
*** _____ Wipe off tables**
*** _____ Make sure bathroom is clean**
*** _____ Turn lights off**
*** _____ Bag all party garbage**

POOL RULES AND REGULATIONS:

*** NO DIVING or JUMPING. NO BREATH HOLDING.**
*** Everyone must shower before entering the pool.**
*** Running, pushing, & horseplay are not allowed.**
*** Food is not permitted in the pool area.**
*** Abusive or profane language is prohibited.**
*** Please remove street shoes before entering pool deck.**
OUR STAFF HAS FULL AUTHORITY AND MAY REVOKE POOL PRIVILEGES!
(These rules are enforced to ensure a safe environment to all swimmers.)

Payment in full is required at least 7 days prior to your party. Dates and times are not finalized until payment is received.

PRICES:

MEMBERS:
Up to 12 kids: $175.00 - 12 to 24 kids: $275.00

NON-MEMBERS:
Up to 12 kids: $190.00 - 12 to 24 kids: $290.00

EXCLUSIVE: (pool open to your party only) $365.00

I, the undersigned, have read the application and the regulations and agree to its standards and requirements. I understand that Elevations Health Club will not be held responsible for any accidents or injury occurring to any member(s) of the group while using the facility. I will also assume responsibility for any damages to the facility or equipment as well as loss of any equipment during the use of the facility.

I HAVE READ AND I UNDERSTAND THE REQUIREMENTS AND REGULATIONS LISTED ON THIS APPLICATION.
Applicant's Signature:
_____Date:_____
Aquatic Director Signature:
_____ Date: _____

Office Use Only

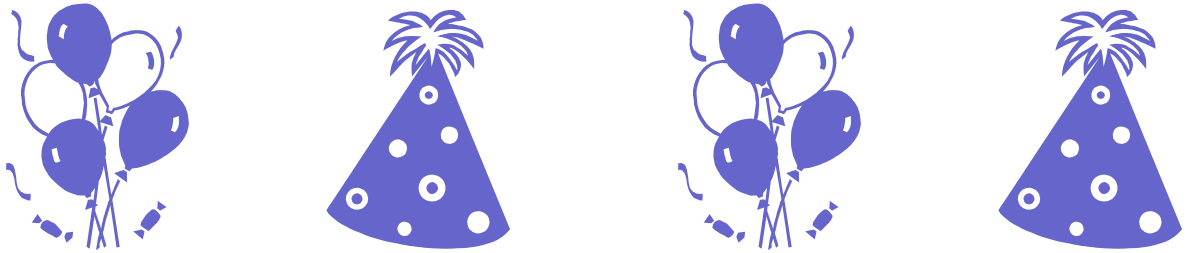
Elevations Health Club, PO Box 295, Scotrun, PA 18355

Payment Information

Amount paid $_____Date _____/_____/_____
Paid by Ck#_____Cash_____CC_____

ELEVATIONS
HEALTH CLUB

POOL PARTY AGREEMENT



Date & Time Requested:	**Contact Name:**	
Name of Child:	**Age of child:**	
Alternative Date & Time:	**Number of Children to attend:**	
Address:		
City:	**State:**	**Zip Code:**
Day Phone:	**Evening Phone:**	
Special Arrangements:		

Pool Parties are a two hour program. For additional length please place request under special arrangements.

BIRTHDAY PARTY SIGN-IN LIST

Please list the names of all the children attending this pool party and hand in to the Front Desk.

Adults Attending

1	
2	
3	
4	
5	
6	

Children Attending

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	

13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	