

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

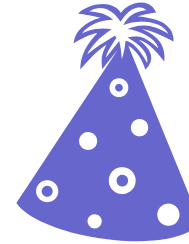
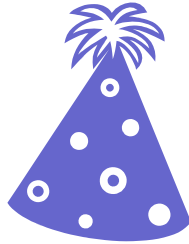
Payment Information

Amount paid \$ _____ Date ____/____/____

Paid by Ck# _____ Cash _____ CC _____



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	
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