

Albert Lea Aquatic Center

Group Reservation Form

Organization: _____ Contact : _____
 Address: _____ City, State, Zip: _____
 Daytime Phone: _____ Fax: _____
 E-Mail: _____ How many guests: _____
 Date Requested: _____ Arrival Time: _____ Departure Time: _____

PRIMETIME SCHEDULING (Groups of 20+)

Group Reservation Dates:
 Mon.-Fri. 1:00 p.m.-6:00 p.m.
 Sat.-Sun. 1:00 p.m.-7:00 p.m.

Group Reservation Fees:
 \$2.50 per person *Tax not included
 Chaperones FREE

NON-PRIMETIME SCHEDULING

Group Reservation Dates:
 Monday-Friday Evenings
 7:15 p.m.-9:00 p.m.
 Saturday and Sunday Mornings
 10:00 a.m.-12:45 p.m.
 Saturday Evenings
 7:15 p.m.-9:00 p.m.

Group Reservation Fees:
 Group of 50 or less \$65.00/hour
 Group of 51-75 \$85.00/hour
 Group 76-100 \$115.00/hour
 Groups 100+ call for pricing
 *Fees include facility usage, lifeguards, & manager supervision; tax not included

WAIVER:

I understand that participation in an activity or program is completely voluntary and that the activity or program being offered is for the benefit of the participant. The City of Albert Lea shall not be liable for any claims, injuries or damages, of whatever nature, incurred by the participant which are directly or indirectly attributable to the negligence, whether passive or active, of the City, their agents or employees, arising out of, or in connection with the activity or programs. On behalf of the participants, and myself I expressly release and discharge the City, their agents or employees from any such claims, injuries or damages. I also understand this waiver includes any injuries that may result from the condition of facility used in the activity or program.

FEES/AGREEMENT:

I understand that this is a binding agreement and payment may be billed or paid the day of the event. A \$50.00 deposit will be made at least one week before arrival and will be put toward my bill, unless rules/property have been damaged. I have read, understand, and agree to follow the policies and procedures for Group Reservations.

Signature _____

Date _____



Please mail to :
 Albert Lea Parks & Recreation
 Attn: Jenny Davis
 221 E. Clark Street
 Albert Lea, MN 56007
 OR Fax to :
 507-377-8487



Make checks payable to : City of Albert Lea

Office Use:
 Date Received: _____
 DATE PAID: _____
 Amount Paid \$ _____
 Deposit Paid \$ _____

Paid by:
 Check # _____ (Payable to City of Albert Lea)
 Cash
 MasterCard/Visa + \$5.00 processing fee
 Card #: _____
 Exp. Date: _____
 Signature: _____

Group Etiquette and Rules

1. \$50.00 Deposit is required at least one week before scheduled date. This will be applied to your bill unless rules/property have been violated.
2. Please have adequate adult chaperones for the number of ages of the swimmers.
 - The City of Albert Lea recommends that anyone under the age of 5, have an adult within arms reach of the child at all times. The adult should not be responsible for supervising more than four children between the ages of 5-10 at one time.
 - Children 6 and under will only be allowed in facility if they are accompanied by an adult 18 years or older.
3. Please be respectful of others around you.
 - Please do not reserve seating or move chairs to another area.
4. Swim Diapers are required for children not potty-trained and can be purchased at the front office.
5. All Swimmers must have a swimsuit in order to swim in the pool.
 - This includes an appropriate top and bottom for females and appropriate swim trunks for males.
6. Outside coolers, food or drink are not allowed inside the facility.
 - Concessions are available for purchase inside the facility.
 - Picnic space is available outside of the pool fence.
7. The following are **not** allowed:
 - Tobacco and Alcohol Use
 - Foul Language/Gestures
 - Snorkels, Fins, Floaties, Lifejackets
 - Horseplay and Running
 - Diving off pool sides
 - Open cuts or communicable diseases
 - Glass
 - Animals
8. Confirm with Jenny to see if dates and times requested are available-507.377.4370

Our group has read and understands the above etiquette and rules for the Albert Lea Aquatic Center.
Our group will follow the above etiquette and rules during our summer usage at the pool.

Signature



Date