



AQUATIC FACILITY GROUP USE POLICY FORM

Spokane County Parks and Recreation
REQUIRED FOR GROUPS OF 15 OR MORE

Instructions

1. Contact Spokane County Parks Aquatics Staff @ (509) 477-4730 to learn more on your desired location.
2. Complete this form.
3. Submit completed form in the following ways:
 - a. Visit or mail to our office at [404 North Havana Street](#), Spokane WA 99202, or email to recreation@spokanecounty.org
 - b. For the Liberty Lake Site Only - If part of a Special Event Permit, submit along with your Special Event Permit Application by visiting/ mailing to our office at [404 North Havana Street](#), Spokane WA 99202, or email to pknowles@spokanecounty.org
 - c.

RULES FOR GROUPS ~ of 15 people or larger

- All groups must have a minimum staff to participant ratio of 10:1.
- All group participants must review pool rules with staff prior to entering facility.
- Groups must meet on pool deck or grass area every 45 minutes for a head count and bathroom break.
- Each youth must pass a swim test prior to entering the deep end.
- Facilities are used on a first come first serve basis.

PAYMENT INFORMATION

- Full payment will be taken at time of entry. No pre-payment is required.
- Arrangements for pre-payment may be made with Aquatics Staff prior to visit.
- Checks are not accepted at Northside Aquatics Facility or Southside Aquatics Facility.

Which facility will your group be using? (Check a box below)

SOUTHSIDE AQUATIC FACILITY
 June 17th – August 21st, 10:30 am – 5:30 pm
 3724 E. 61st, Spokane WA 99223
 (509) 448-5090

LIBERTY LAKE REGIONAL PARK*
 May 28th – September 5th
 3707 S. Zephyr Rd, Liberty Lake WA
 (509) 255-6861

NORTHSIDE AQUATIC FACILITY
 June 17th – August 21st, 10:30 am – 5:30 pm
 801 E. Handy Road, Colbert WA 99005
 (509) 468-5107

**Non-profits are eligible for \$1 entry fees with proof of non-profit status (Liberty Lake Site Only)*

Event Date: _____ Time of Event (Hours): _____ Number of Persons: _____

Organization/Event Organizer Name: _____

Name of Group Leader/Organizer: _____

Phone: _____ Email: _____

Address: _____

Event Day Onsite Group Leader Name (if any): _____

Phone: _____ Email: _____

Address: _____

STAFF USE ONLY

Certification of Completed Form (To Be Completed by Aquatics Program Coordinator)

Aquatics Staff Signature

Date

Number of estimated additional life guards needed: _____

Number of estimated concessions workers needed: _____

Event Scheduled – Check this once the event has been added to the online event calendar.

ADDITIONAL NOTES:

