



**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](mailto:recreation@spokanecounty.org)

**RULES FOR GROUPS** ~ of 15 people or larger

- All groups must have a minimum participant to staff ratio of 10:1.
- Groups will be issued and must wear colored wrist bands identifying all members in their party.
- 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.
- No youth under 48" are permitted to ride the waterslide.
- Facilities are used on a first come first serve basis.

**PAYMENT INFORMATION**

- Full payment will be taken at time of entry.
- Arrangements for pre-payment may be made with Aquatics Staff prior to visit. Please contact the Recreation office at 509-477-4730.
- Checks are not accepted at Northside Family Aquatics Facility or Southside Family Aquatics Facility.

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

SOUTHSIDE AQUATICS FACILITY

June 15<sup>th</sup> – August 18<sup>th</sup>, 11:00 am – 5:30 pm  
3724 E. 61<sup>st</sup>, Spokane WA 99223  
(509) 448-5090

NORTHSIDE AQUATICS FACILITY

June 15<sup>th</sup> – August 18<sup>th</sup>, 11:00 am – 5:30 pm  
801 E. Handy Road, Colbert WA 99005  
(509) 468-5107

Event Date: \_\_\_\_\_ Time of Event (Hours): \_\_\_\_\_ # of Persons: \_\_\_\_\_

# of Staff: (Must maintain 10:1 participant to staff ratio) \_\_\_\_\_

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:**

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