



2020 AQUATIC FACILITY GROUP USE POLICY
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

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 13th – August 16th, 11:00 am – 5:30 pm
3724 E. 61st, Spokane WA 99223
(509) 448-5090

NORTHSIDE AQUATICS FACILITY

June 13th – August 16th, 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:

