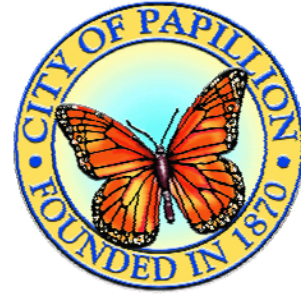




# Papio Bay Aquatic Center Group Registration



Name of Center/Group: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Fax: \_\_\_\_\_

### Information:

1. Waiver (see enclosed) MUST be completed in order for this request to be processed.
2. Papio Bay is available for daycare groups and/or day camp groups to come to any weekday (M~F) from noon~6:30pm.
3. Determine the dates and times that your group would like to come to Papio Bay and complete the questions listed below. For your convenience, please list alternative choices in the event we are unable to accommodate you on any of the dates / times that you request.
4. All requests will be processed on a first come, first served basis. Please inform your staff of the pool guidelines (see enclosed) and allow time for them to review the pool rules with the children prior to each visit.
5. Discounts are available for groups (any combination of youths and adults) of 10~40, 41~99, and 100+.

### Request:

1. Please list all dates your group plans to visit Papio Bay during the upcoming season:  
\_\_\_\_\_  
\_\_\_\_\_
2. What is the approximate age range for these children? \_\_\_\_\_  
(Please see adult/child ratio requirements on page 4)
3. If you have a variance in your schedule, please contact the Papillion Recreation Department at 597-2041 (not Papio Bay) to inform us of your schedule change.

## Group Registration (Cont.)

Date	Time (?~?)	Day of Week	# of children
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have received a copy of the **Pool Guidelines** and **Waiver and Release** form and agree to comply with said documents from the City of Papillion, Papillion Recreation Department, and Papiio Bay Aquatic Center.

\_\_\_\_\_  
Signature of Agency Owner/Director

\_\_\_\_\_  
Date

**PLEASE PRINT THIS PAGE AND BRING WITH YOUR GROUP  
FOR ADMISSION TO THE FACILITY**

TO BE COMPLETED BY PAPIO BAY PERSONNEL

Name of Organization: \_\_\_\_\_

Total # of Visitors: \_\_\_\_\_ (Youth: \_\_\_\_\_ Adults: \_\_\_\_\_)

Today's date: \_\_\_\_\_ *please attach to daily attendance sheet*

## WAIVER AND RELEASE

In consideration of my (agency's) application to participate in the above named aquatic activity or event, I hereby, for myself, my heirs, executors, administrators, and assigns do hereby release, waive, and/or forever discharge any and all rights, claims, and causes of action for damages that may be suffered by me or my agency as a result of my agency's preparation for and/or participation in the above named activity or event.

I recognize and voluntarily accept all risks associated with my (agency's) participation in the event, no matter how remote or unlikely. I realize that my (agency's) activity or injuries may well include serious bodily injury, catastrophic spinal injury (including partial or total paralysis), permanent impairment, brain damage, and even death. I recognize that these injuries may be sustained by me (or agency participant) from falling, tripping, being pushed, running, striking or being struck by a spectator, another participant, a vehicle, equipment used in the event, and the like.

As an agency, I take full responsibility for my (agency's) participation in this event and for the level at which I (or agency participant) choose to participate. I (or agency participant) have no impairment, physical or mental, that should preclude my (or agency participant) participation in Papio Bay activities at the level I choose. I understand that I can remove myself (or agency participant) from participating at any time I choose to do so.

I do not expect the City of Papillion, its agents, volunteers, officers, or employees, to coach, manage, instruct, or train me (or agency participant) for this event. I recognize that it is my (or agency participant) personal responsibility to learn, prepare, understand, and obey the rules for this activity or event.

The undersigned expressly agrees to the foregoing Waiver and Release of all claims. This Waiver and Release is intended to be as broad and inclusive as is permitted by the laws of Nebraska and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned has carefully read and voluntarily signs this hold-harmless Waiver and Release of all claims and fully understand its contents and meaning as a full waiver and release of all claims, liability and indemnity for the City of Papillion, a municipal corporation, its agents, volunteers, officers, and employees.

\_\_\_\_\_  
Print/Type Name of Agency

\_\_\_\_\_  
Address of Agency

\_\_\_\_\_  
Signature of Owner/Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print/Type Name of Witness

\_\_\_\_\_  
Address of Witness

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

## Pool Guidelines

1. Each agency will determine a “lead” staff member. The “lead” staff member must stay on location at all times and communicate with pool management in developing a means of identifying their agency’s participants from the general public.
2. There must be supervision by the agency group at all times. Supervision requirements for water activities must be maintained according to the Nebraska Health & Human Services Department as listed below:

<b>Age Range of Children</b>	<b># of Children</b>	<b># of Staff</b>
6 weeks to 24 months	1	1
24 months to 3 years	1	1
3 years to Kindergarten	3	1
Kindergarten and up	5	1

3. A roster of all children your agency intends to bring to the pool and an emergency phone number list for each child must be provided to the pool manager upon your arrival. This roster should be updated as children are added to your group.
4. **Agency staff is required to be in the water at all times** and to be involved with participants. When swimmers are in the pool, agency staff must keep children ages six years and under within one arms length. It is the responsibility of the agency staff to keep beginning-level swimmers in an appropriate water depth where they can assist with and ensure each child’s safety.
5. Children should be brought to the pool ready to swim. Agency staff and participants are required to wear regulation swim attire. Cut-offs are not considered regulation swim attire. The City of Papillion and Papio Bay Aquatic Center are not responsible for any lost or stolen clothing or personal items.

Please remember, the Papio Bay Aquatic Center Group Registration **must** be completed in its entirety in order for your request to be processed (includes Waiver and Release Form). In addition, participant roster information and emergency phone numbers must be available prior to and during all pool visits. Please mail, fax, or e-mail all Group Registration pages to:

Papillion Recreation Department  
1100 W. Lincoln St. Papillion, NE 68046  
597-2080 (fax)  
[PapillionRecDept@papillion.org](mailto:PapillionRecDept@papillion.org)

Thank you for your cooperation. We hope your visits are safe and enjoyable. If you have any questions, please contact the Papillion Recreation Department at 597-2041.