



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

INDOOR POOL PARTY AT RIVERCHASE YMCA

Indoor Pool Parties (Splash Room)

YMCA Membership Required to book a party.

Saturday: 3:00 p.m. - 6:00 p.m. (Swim 3:00-4:30)

Sunday: 1:00 p.m. - 4:00 p.m. (Swim 1:00-2:30)

*Additional swim time is not included. *Facility access is not included.

***Pool parties available during the months of September - May.**

Pricing (All fees due at time of booking)

Member: \$180

Required Processing Fee: \$25 (NON-REFUNDABLE)

20 guests maximum - NO Exceptions

(this includes kids, adults, swimmers, non-swimmers, members & non-members)

- ★ We Provide: private room, gift table, cake table, guest tables set for 20
- ★ 90 minute swim time before the private party room.
- ★ You may bring your own food/dessert.
- ★ No refrigerator/freezer available.
- ★ No alcoholic beverages; No glass.
- ★ NO Wall Decor. NO Tape on Walls.
- ★ All guests must leave the party room/pool area at the end of party reservation. **NO** Additional swim time included. **NO** Facility access included.
- ★ **Guest list required 14 days prior to the day of the party.**
- ★ All guests 18+ MUST provide a completed application, government issued photo ID, have a picture taken for account profile in order to enter the facility.
- ★ Children under 18 MUST provide a youth waiver signed by a parent or legal guardian only.
- ★ A \$50/hour late fee will be applied in the event the participants don't vacate the room at the end of their rental time.
- ★ The child/adult ratio for pool parties is 2/5 for ages 7 and under; 1/10 for ages 8 and over. *A qualifying adult is age 18 or over.

Email your completed contract to: Tina.Sullivan@gwrymca.org

Please allow 2 business days for a response.



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Date Rec'd: _____ Time Rec'd: _____

Pool Party Reservation Application

***Please allow 2 business days for a response.**

I. Contact information

Renter's Name: _____ Phone Number : _____
Address: _____ Email: _____
City: _____ State: _____ Zip Code: _____ Birthday ____/____/____
Emergency Contact Name: _____ Phone: _____
Birthday Child's Name: _____ Age of Kids attending: _____

Member Type: (Check that applies)

☐ **YMCA Membership is required** | \$180 plus \$25 processing fee

II. Event information

Preferred Day:

☐ Saturday: 3:00 p.m. to 6:00 p.m.
(Swim: 3 - 4:30 | Room: 4:30 - 6)

Event Date: ____/____/____

Expected Attendance: _____ (20 MAX)

NO add'l swim time included after 4:30.

☐ Sunday: 1:00 p.m. to 4:00 p.m.
(Swim: 1 - 2:30 | Room: 2:30 - 4)

Location: POOL & SPLASH ROOM

NO add'l swim time included after 2:30.

III. Payment

Credit Card:

☐ MC

☐ Visa

☐ AmEx

Name on the Card: _____

Card Number: _____ Exp ____/____ CVV: _____

Billing Address: _____

Rental Total: \$ _____

IV. Staff Only

☐ RB

☐ GC

☐ HK - SU

☐ CFL

Full payment is due at the time of booking. Cancellations are required in writing 30 days in advance to be eligible for 100% refund; 14 days in advance for 50% refund of all rental fees. Processing fees are non-refundable.



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Aquatics Rental Information and Guidelines

Guests who have scheduled an indoor pool party may have access to the room rented, the pool and locker rooms only. Use of any other area in the facility is prohibited. Children are not permitted on the Fitness Floor for safety reasons.

- All rental groups must follow the aquatic rules and regulations as posted and included in this packet.
- For your safety and to maintain room/pool capacity guidelines, pool party packages are limited to 20 people. This includes adults, children, swimmers, non-swimmers, members and non-members. **NO EXCEPTIONS**
- **Guests will be asked to leave the room at the discretion of the RiverChase YMCA staff if this limit is exceeded.**
- Pool parties are scheduled for the indoor pool area on Saturdays and Sundays only.
- The pool will be open to members during regular business hours, this includes while parties are scheduled.
- In the event of threatening weather or any other unforeseen circumstance causing the management staff to close the pool, you may be eligible for a partial refund if **LESS** than 30 minutes of the scheduled swim time has lapsed. **Initials**

General Guidelines

Initials

- Crockpots and warming plates may be used with permission from the Rental Supervisor. Fryers of any type are strictly prohibited.
- The party room will be set up with tables and chairs for 20 guests according to the floorplan attached.
- Use of YMCA stereos is prohibited.
- Only tabletop decorations are permitted and must meet local fire department regulations and be approved by YMCA Rental Supervisor. Decor must not damage walls, furniture, or floor. Use of nails, screws, tacks or scotch tape is prohibited. All decorations and their attachments must be removed immediately after the event.
- Decorations such as confetti, glitter, silly string and any decoration smaller than a quarter are not permitted.
- Chairs and tables are not to be moved from one room.
- Smoking, vaping, and alcohol is strictly prohibited in the building and on the YMCA campus.
- Conduct detrimental to the purpose of the YMCA, such as gambling, profane language, fights, abusive behavior or the use of drugs or alcohol is prohibited. Persons violating the rules of conduct will be expelled and, in the sole discretion of the YMCA Staff, the event will be terminated immediately.
- Any equipment brought into the facility by the renter must be approved in advance and on the rental agreement and additional supervision may be required at the renter's expense as directed by YMCA Facility Supervisor.
- Inflatables are not permitted in any of the rooms.

Food and Drink

Initials

- Food and drink are allowed in the Splash room only. Any incidental expenses (including additional supervision and/or cleanup) incurred by the YMCA as a result of food, drink or equipment will be paid for by the renter at the rate of \$75/hour.
- Food, cake and beverages may be brought in from any vendor.
- Please refrain from having red colored drinks or red/black frosting as they will stain.
- Open flames are strictly prohibited. This excludes birthday candles.

Set Up and Clean Up

Initials

- Guests may have access to the room no more than 15 minutes prior to the event unless prior discussion with the Rental Supervisor has taken place. Meet your group in the lobby. Once all guests are registered in the system, a YMCA party host will lead you to the party room and locker rooms. Your swim time is 90 minutes prior to celebrating in the party room. No Exceptions. **No additional swim time included in the party package.**
- Clean-up is included in the total rental time and must be completed by the end of the rental period.
- Clean up includes throwing trash away in the bins provided and removing all food and decorations.

Payment**Initials**

- Payment is due at the time of booking to hold your reservation including a \$25 non-refundable processing fee.
- Cancellation is required in writing 30 days in advance to be eligible for a 100% refund. 14 days notice is required in writing to be eligible for a 50% refund. Credit Card must be provided at the time of booking for incidental charges.
- **List of no more than 20 guests must be provided at least (14) days prior to the party date to avoid delays with the registration process on the day of the party. Registration sheet will be provided.**
- **Youth waivers are required for each child in attendance signed by their parents or legal guardian.**

Date Requested 1st choice 2nd choice	Days Available	Time Available	Cost	Processing Fees (non-refundable)	Payment Due	Max Capacity
1.	Sat	3:00 - 6:00	\$180	\$25	Time of Booking	20 guests NO EXCEPTIONS
2.	Sun	1:00 - 4:00				

*All guests 18+ are required to provide a completed application, government issued photo ID and take a picture for our system to enter the facility.

*Children under 18 must provide a youth waiver signed by a parent or legal guardian.

All rental guests must vacate the rental room by the end of the rental time.

I have read and agree to the above listed rules and guidelines. I understand that the above regulations will be strictly enforced and failure to abide by them could result in termination of the event.

Print Name:**Sign Name:**

Phone:

Email

***Please allow at least 2 business days for a response.**



**FOR YOUTH DEVELOPMENT
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Aquatics Rules and Guidelines

- Children 7 years of age or younger must have an adult (age 18 or older) in the water with them within arm's reach at all times, even if they're wearing a life jacket.
- Regardless of the party's ages, adults of the party must be on the pool deck during swim time.
- Inflatables are not permitted.
- Flotation devices and toys are not allowed in the whirlpool. Users must be able to swim on their own.
- Please walk on deck and around the water park features. NO Running.
- Food and drink are not permitted anywhere on the deck.
- Horseplay is not permitted in the pool or locker rooms or party rooms.
- Appropriate swimwear must be worn. Cut offs, gym shorts, khakis, etc... are not permitted.
- Chewing gum is not permitted.
- All swimmers must take a soap shower before entering the pool or spa/hot tub.
- Children of diaper age must wear a swim diaper.
- Breath holding and long periods of underwater swimming are not permitted.
- No diving anywhere in the pool.
- Users must be at least 48" tall to use the tall slide.
- Users must slide one at a time in a forward position, feet first, and can lay on their back.
- Running, diving, standing, kneeling, rotating, or stopping on slide is not permitted.
- Move away from the bottom of the slide immediately.
- Sitting on geysers/jets is not permitted.
- Users must follow the direction of current at all times.
- Users are not permitted on the island between the lazy river.
- Users should limit time in the spa/hot tub to a maximum of 10 minutes.
- Pregnant women and patrons with cardiovascular or respiratory problems should avoid use.
- Children under the age of 18 may not use the spa/hot tub.
- Spa/hot tub use is not recommended immediately after intense workouts.
- Individuals should wait at least five minutes after exercising to cool down, or until sweating has subsided, before using the spa/hot tub.
- Shaving is not permitted in the spa/hot tub, due the risk of blood borne pathogens.
- Exercise is not allowed in the spa/hot tub
- Users may not submerge their head below the surface of the water in the spa/hot tub.
- Notify the Manager or Operator on duty if the main drain is not visible.
- Lifeguard has Final Authority.

Any person who fails to comply with these or additional rules implemented by the staff may be asked to leave the Aquatic area and/or have their membership privileges suspended or canceled.

Initials _____

I have read and agree to the Aquatics Rental Information and Guidelines and the Indoor Aquatic Center Rules

Initials _____



Name:	Date:	Room: SPLASH ROOM
Time:	Number Expected:	Event:
<p align="center">Splash Room 20 people Max 6 - 6 ft. rectangle tables 20 chairs</p>		
<p>Closet Closet</p> <p>Windows to pool</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 150px; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0;"></div> </div> <div style="border: 1px solid black; padding: 2px;"> f o o d </div> <div style="border: 1px solid black; padding: 2px;"> a n d </div> <div style="border: 1px solid black; padding: 2px;"> g i f t s </div> </div>		

X _____
 (Guest Signature)

RIVERCHASE YMCA - POOL Party Guest List - Name/Date on reservation:_____

Name	Address	Phone	Email	Birthdate	Member Y/N
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					



FOR YOUTH DEVELOPMENT
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Youth attending without parent.

Welcome to the Gateway Region YMCA!

Youth Waiver - one per household

Parent/Guardian Contact Information (Adult 18+)

Primary Adult First Name	Primary Adult Last Name	Date of Birth	<input type="radio"/> M <input type="radio"/> F
Home Address		City	State Zip
Primary Phone Number	Secondary Phone Number	Primary Email Address	
Emergency Contact	Relationship	Phone Number	

Member Name

Unit Number

Youth Guests			
First Name (and Last if different)	Date of Birth	Gender	Race/Ethnicity
1.			
2.			
3.			
4.			

CONDITIONS OF FACILITY ACCESS

The Y reserves the right to cancel a membership at any time. Any member, guest, or applicant whose actions are not deemed to be in the best interests of the organization may have their membership or application denied.

MEMBER'S RESPONSIBILITY IN CONNECTION WITH USE OF THE FACILITY: You (each member of your family and all guests) should consult with a physician before using our services and facilities. You agree that you will not use the facilities with any medical condition, including open cuts, abrasions, sores, infections, maladies or inability to maintain personal hygiene, if such condition poses a direct threat to yourself or to others. Failure to comply with this agreement could result in suspension or termination of membership privileges.

ASSUMPTION OF RISK: You (each family member and guests) agree that if you engage in any physical exercise or activity, use any of the branch facilities or enter the premises of the branch you do so at your own risk. This includes, without limitation, your use of the locker room, any pool, whirlpool, sauna, steam room, or any equipment within the branch and your participation in any activity, class, program or instruction as well as your use of or presence on the parking area or sidewalk. You agree that you are voluntarily participating in these activities. You assume all risk of injury or the risk of contraction of any illness or medical condition that might result, or any damage, loss or theft of any personal property.

WAIVER AND RELEASE OF LIABILITY: In return for use of the facilities of or entry on the premises of the branch, you agree on behalf of yourself (and each family member and guest) to not sue and to release from any and all liability the Gateway Region YMCA (and our affiliates, employees, agents, representative, successors and assigns) from any and all claims or causes of action (known or unknown) arising out of negligence of the Gateway Region YMCA. This waiver of release and liability includes, but is not limited to, injuries which may occur as a result of (a) Your use of any exercise equipment or facilities, which may malfunction or break; (b) Our improper maintenance of any exercise equipment or facilities, which may malfunction or break; (c) Our NEGLIGENT instruction or supervision; (d) Your slipping and falling while in the branch or on the premises including parking areas and sidewalks.

INDEMNIFICATION AND HOLD HARMLESS: You further agree that You WILL INDEMNIFY AND HOLD HARMLESS THE GATEWAY REGION YMCA THEIR OFFICERS, AGENTS, AND EMPLOYEES, from any loss, liability, damages or cost of any kind that THE YMCA may incur as the result of any injury to yourself or to any member of your family even if it is contended that any such injury was caused by NEGLIGENCE of the part of the Gateway Region YMCA.

Parent/guardian name (Printed)

Signature on behalf of everyone in the household

Date



Last Name: _____

Member ID _____

Guests 18+

Welcome to the Gateway Region YMCA!

☐ Member ☒ Guest ☐ Program ☐ Tour

Preferred Branch: _____

Primary Contact Information (Adult 18+)

Primary Adult First Name

Primary Adult Last Name

Date of Birth

Legal Sex (Required) ☐ M ☐ F

Gender Identity (Optional)

Home Address

City

State

Zip

Primary Phone Number

Primary Email Address

Employer

Emergency Contact Name

Relationship

Phone Number

Household Members

Date of Birth

Legal Sex
(Required)Gender Identity
(Optional)

Race/Ethnicity

Additional Communication Email or Phone

First Name (and Last if different)

Additional Adult
02.Dependents
03.

04.

05.

06.

07.

Background Information

As a non-profit organization, supported by the United Way, this information is confidential and strictly for reporting purposes for annual funding resources.

Ethnicity/Race:

☐ American Indian or Alaska Native☐ Asian☐ Black or African American☐ Hispanic or Latino☐ Middle Eastern or North African☐ Native Hawaiian or Pacific Islander☐ White☐ Not Listed _____

Annual Income:

☐ \$0 - \$9,999☐ \$10,000 - \$14,999☐ \$15,000 - \$19,999☐ \$20,000 - \$29,999☐ \$30,000 - \$49,999☐ \$50,000 - \$99,999☐ \$100,000+☐ I do not wish to provide this information

Areas of Interest (please select all that apply)

☐ Child Care☐ Day Camp☐ Family Programs☐ Healthy Living☐ Other☐ Personal Training☐ Senior Programs☐ Teen Activities☐ Volunteering☐ Water Fitness☐ Youth Programs

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MEMBER'S RESPONSIBILITY IN CONNECTION WITH USE OF THE FACILITY: You (each member of your family and all guests) should consult with a physician before using our services and facilities. You agree that you will not use the facilities with any medical condition, including open cuts, abrasions, sores, infections, maladies or inability to maintain personal hygiene, if such condition poses a direct threat to yourself or to others. It is our goal to provide services to ALL in our community. If using Child Watch or other programs, please provide a copy of a current IEP/BMP/504 Student Accommodation Plan. Although every effort is made to provide reasonable accommodations, there may be instances where a participant's needs may exceed the parameters of the scope of the requested service/program. Failure to comply with this agreement could result in suspension or termination of membership privileges.

ASSUMPTION OF RISK: You (each family member and guests) agree that if you engage in any physical exercise or activity, use any of the branch facilities or enter the premises of the branch you do so at your own risk. This includes, without limitation, your use of the locker room, any pool, whirlpool, sauna, steam room, or any equipment within the branch and your participation in any activity, class, program or instruction as well as your use of or presence on the parking area or sidewalk. You agree that you are voluntarily participating in these activities. You assume all risk of injury or the risk of contraction of any illness or medical condition that might result, or any damage, loss or theft of any personal property.

PHOTOGRAPH & VIDEO RELEASE: For adequate sufficient consideration the receipt of which is hereby acknowledged, the applicant(s) hereby gives permission for the YMCA to use, without limitation, photographs, film footage or tape recordings which may include the applicant(s) image or voice for purposes of promoting or interpreting YMCA programs.

SEX OFFENDER REGISTRY: The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

NATIONWIDE MEMBERSHIP ACCESS: By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

WAIVER AND RELEASE OF LIABILITY: In return for use of the facilities of or entry on the premises of the branch, you agree on behalf of yourself (and each family member and guest) to not sue and to release from any and all liability the Gateway Region YMCA (and our affiliates, employees, agents, representative, successors and assigns) from any and all claims or causes of action (known or unknown) arising out of negligence of the Gateway Region YMCA. This waiver of release and liability includes, but is not limited to, injuries which may occur as a result of (a) Your use of any exercise equipment or facilities, which may malfunction or break; (b) Our improper maintenance of any exercise equipment or facilities, which may malfunction or break; (c) Our NEGLIGENCE instruction or supervision; (d) Your slipping and falling while in the branch or on the premises including parking areas and sidewalks.

INDEMNIFICATION AND HOLD HARMLESS: You further agree that You WILL INDEMNIFY AND HOLD HARMLESS THE GATEWAY REGION YMCA THEIR OFFICERS, AGENTS, AND EMPLOYEES, from any loss, liability, damages or cost of any kind that THE YMCA may incur as the result of any injury to yourself or to any member of your family even if it is contended that any such injury was caused by NEGLIGENCE of the part of the Gateway Region YMCA.

Primary Adult (printed name)

Signature

Date

2nd Adult (printed name if applicable)

Signature

Date

PAYMENT AUTHORIZATION

Payment Type: Checking Savings Debit/Credit Card

Name (as it appears on the billing method):

Monthly Payment Date: 1st or 15th

Last four digits of account/card: _____

Billing Address (if different than Home):

Monthly Draft Amount: _____

I/(We) authorize and request the Gateway Region YMCA to charge my/(our) checking/savings or credit/debit card account for my/(our) monthly fee. I/(We) further authorize the financial institution to process these fees. I/(We) understand that Gains Full Service Billing will be the Y's third-party payment processor. I further understand that Gains is authorized to assist with resolving all declined membership dues, programs, and childcare payments and they may contact me on behalf of the Y to attempt to collect an owed balance and/or update my billing information. I/(We) understand fees are non-refundable and non-transferable. If for any reason, a payment is not honored by the financial institution, a return fee will be charged on any returned transaction. I realize I am still responsible for my payment, including the return fee applied by the Y. This is in addition to any service fee my/(our) financial institution may charge. Additional attempts will be made automatically to recover the original balance, and the return fee, and the Y/Gains will notify me/(us) of any issues. The Y will add no additional return fees to my account for additional returns on the same item. Unpaid balances will result in suspension or termination of my/(our) service. I/(We) understand charges are continuous, and it is my/(our) responsibility to notify the Y in person to discontinue my/(our) services and automatic payments. Charges are not dependent on usage. I/(We) understand cancellations/changes must be submitted in writing on or before the 20th of the month prior to my/(our) next draft date. If I/(we) notice a discrepancy on my/(our) statement, I/(we) will notify the Y promptly. I/(We) understand refunds are not issued for discrepancies after 90 days. A copy of our most up to date payment authorization is available at gwrymca.org/billing.

Payment Authorization Signature (Must be at least 18 years of age)

Date

OFFICE USE ONLY:

Office Checklist:

Staff Name: _____

Amount: _____

Discount Award Amount: _____

☐ Tour/Interview Complete

☐ Mobile app set up

Branch: _____

Member Type: _____

☐ ID & Sex Offender Registry

☐ Billing Method Collected

Join Date: _____

Corporate Code: _____

☐ Verify Duplicates in Database

☐ MyFitness Scheduled

NOTES: