

# GILL-MONTAGUE REGIONAL SCHOOL DISTRICT

## APPLICATION FOR USE OF MIDDLE/HIGH SCHOOL SWIMMING POOL

Application on behalf of \_\_\_\_\_  
Name of Organization or Individual

For the purpose of: \_\_\_\_\_  
\_\_\_\_\_

Dates of Usage: \_\_\_\_\_

Hours of Usage: \_\_\_\_\_

Expected Attendance Adults (including supervisors/lifeguards) \_\_\_\_\_ Youth \_\_\_\_\_

After consultation with appropriate school personnel, list school equipment to be used on the back of this form. Note that equipment may not always be available and setup/use of such equipment may result in additional charges.

What equipment or apparatus do you intend to bring into the school building? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### IMPORTANT: MUST BE COMPLETED PRIOR TO APPROVAL

1. **Applicant shall be responsible for providing school personnel with the name of the certified lifeguard who will be present including a copy of the certificate.**
2. **Arrangements must be made for appropriate parking and/or assembly, as recommended by the Police Department & School Committee.**
3. **All pool rules must be enforced by those supervising. Supervision includes the locker room.**
4. **Use of the swimming pool requires that you reimburse the district for any school staff needed for your event.**

Number of Custodial Staff: \_\_\_\_\_ X \$25/Hour = \_\_\_\_\_ (there is a minimum 1 hour charge for custodial)

If applicable, a security deposit of \$200 may be required. Total cost of usage is determined by the Business Office.  
The total cost for rental/usage will be: \_\_\_\_\_, plus any charges for damage to property.

The signing of this application shall constitute an agreement to abide by all the rules and regulations governing the use of the pool and school buildings, to accept full responsibility for any damage to or loss of school property, and to hold harmless the Gill-Montague Regional School District for any liability claims resulting from the loss of personal property or bodily injury.

**A certificate of insurance from the user is required before use takes place.** Please contact the Business Office at 863-9325 if you need further information about this requirement.

Date of application: \_\_\_\_\_ Date insurance certificate received: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Applicant's Official Capacity: \_\_\_\_\_

Applicant's Mailing/Billing Address: \_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_ Responsible Adult Supervising Function: \_\_\_\_\_  
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Approved: \_\_\_\_\_ Building Principal Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Superintendent Date: \_\_\_\_\_

Check if copy has been sent to:  Head Custodian;  Athletic Director