


  
**TOWN OF DANVILLE**
  
**PARKS & RECREATION**
  
 49 N. Wayne Street, Danville, IN 46122
   
 Phone (317)745-4180 ext.5301

Gill Family Aquatic Center Daycare Attendance Request Form

**Organization Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State/ZIP** \_\_\_\_\_

**Contact Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Date(s)** \_\_\_\_\_

**Time** \_\_\_\_\_

**Instructor in Charge** \_\_\_\_\_

**Total Number of Attendees** \_\_\_\_\_

(You must have one chaperone for every 7 children under the age of 18)

**Method of Payments**

General Admission	No. of Patron	Fee	Total
Total number of attendees with a pool pass.		\$0	\$
Total number of attendees without a pass		\$10	\$
<b>Group Rate (Must have 20+ for this rate)</b>			
Total number of attendees		\$5.00	\$

**Total Cost**..... \$\_\_\_\_\_

Please make sure that you have the appropriate number of adult-to-children ratio for supervision and safety purposes. Also, a list of all attendees, with ages and any pertinent health/allergy information, is requested upon arrival.

If you have any questions, please contact the aquatics manager, Jimmy Ray, at 317-745-4180 ext.5201 or at [gray@danvilleindiana.org](mailto:gray@danvilleindiana.org)

**OFFICE USE ONLY**

Date: \_\_\_\_\_ Cash:  Credit Card:  Check #: \_\_\_\_\_ Invoice # (Already Paid): \_\_\_\_\_

Received by: \_\_\_\_\_ Check box to confirm proof of medical information was given:

  
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**Medical Information Agreement**

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I, \_\_\_\_\_ (Daycare Instructor), hereby agree that our **daycare will have medical and emergency contact information on hand** for all children attending the Gill Family Aquatic Center, in the case that medical attention and care is needed for attendee.

**Behavioral Agreement**

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I, \_\_\_\_\_ (Daycare Instructor), hereby agree that **employees at the Gill Family Aquatic Center have the right to dismiss a child** from our center for **behavior deemed inappropriate, aggressive, and/or unsafe**.

**Waiver Agreement**

"In consideration of being allowed to participate in any way in Danville Parks and Recreation Department facilities, programs, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in programs is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist.
2. I knowingly and freely assume all such risks, both known and unknown even if arising from negligence of the RELEASEES or others and I assume full responsibility for my participants.
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove my attendees from participation and bring such to the attention of the nearest official immediately.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless the Danville Parks and Recreation Department, Danville Park Board, and the Town of Danville, their officers, officials, agents, and or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (RELEASEES), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the RELEASEES or otherwise, to the fullest extent permitted by law.
5. I agree to allow photographs of myself or my attendees taken during program activities to be used for Danville Parks and Recreation Departments promotional purposes.

I have read this release of liability and assumption of risk agreement, fully understanding its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

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**Daycare Use - Signing here means you comply to all agreements above. Instructor in charge must sign for daycare to attend.**

Instructor Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_