Back to School Teen night at the pool

For 9th-12th grade students

Location: Upper Merion Township Pool

Date: Thursday, August 29th

Time: 7:30pm-9:30pm

Cost: \$5 per person, cash only.

- DJ Mark Shepperd (Mark Shepperd Productions)
- You do not need to be a pool member to participate.
- One pool will be open for swimming until 9:20pm.
- The Hedgehog Grill will be open. No outside food or drinks permitted.
- All activities will be supervised by lifeguards and adults.
- All participants must have a signed waiver to enter the facility.
- Any questions: hmelck@umtownship.org

Upper Merion Township Abbreviated Pool Rules

- 1. All persons shall use the pool and facility at their own risk. Upper Merion Township shall not be responsible for any theft, loss or damage to personal property in the pool complex.
- 2. Members and guests must obey lifeguards and other supervisory staff at all times.
- 3. Only approved swim wear may be worn in the pool.
- 4. No running on the pool deck. No pushing or throwing anyone in the pool, no dunking, rough games, horse play, wrestling, breath holding, profanity, or any conduct that jeopardizes the safety of other swimmers.
- 5. No outside catering or food delivery permitted. No eating, drinking, or chewing gum permitted in the pools.
- 6. Talking to lifeguards while on duty is prohibited. Whistles may only be used by lifeguards and the following signals will be used:
 - a. 1 short blast to get the attention of a swimmer
 - b. 1 long blast clear the pool
 - c. 3 short blasts signals an emergency. Please listen for instructions from the lifeguard.
- 7. Lifeguards may refuse a swimmer of any age admission to any area of any pool if the swimmer does not exhibit sufficient skill to ensure their safety.
- 8. Visitors with open cuts or sores, communicable diseases or rashes will not be permitted to swim.
- 9. No bandages or band aids will be allowed in any pool.
- 10. All refuse must be placed in appropriate containers provided.
- 11. In case of accident/injury, report to the lifeguard immediately.







<u>Upper Merion Parks & Recreation Liability Waiver Release</u>

- I grant permission for a licensed physician and hospital to provide emergency care for the above-mentioned individual. Ambulance cost is my responsibility.
- I understand that Upper Merion Township shall have the right at their discretion to enforce established rules of conduct and/or terminate an individual's participation for failure to maintain these standards, or for actions or conduct detrimental to or incompatible with the welfare, comfort, or interest of the group and its program.
- I hereby grant Upper Merion Township and any of their directors, agents, and other representatives full authority to take whatever action they consider to be warranted regarding said participants health and safety, and fully release them from any liability for such actions taken on participant's behalf.
- I will furnish a certified birth certificate or proof of birth of the said participant upon request by Upper Merion Township.
- I understand and agree that once said program has begun, no refunds are provided for said participants;
 unless, program is cancelled by Township or organization sponsoring program. Request for refund must be made prior to the start of the second class.
- To the best of my knowledge, the participant is in good health and is able to participate in the activity. I
 understand that while the recreation program staff makes the safety of participants its top priority, no
 recreational activity is without some inherent risk of bodily harm.
- In cases of accidents, I release Upper Merion Township from all claims to personal injury and property damage which may result from participation in the above trips, activities, camps, and other programs.
- The participant will abide by all rules and regulations set forth by Upper Merion Parks & Recreation relating
 to participation in the above trips and activities, including Upper Merion Area School District rules and
 regulations pertaining to illegal drugs, weapons, and smoking.
- As an adult/ parent/guardian, I am responsible for all transportation to and from the activity or bus pick-up point.
- I hereby grant permission to allow photographs and/or video to be taken of this activity for Upper Merion Township publicity purposes.
- I have read, understand, and agree to the above items.

ACTIVITY NAME: Teen night, August 29th, 7:30pm-9:30pm.

Date	Participant name (print)	Signature (parent/adult guardian)