



# Isle of Faith

## Summer Camp 2025

### Enrollment Checklist

Please complete each line and sign each page where indicated.

1. Weekly Sign Up \_\_\_\_\_
2. Application for Enrollment Form \_\_\_\_\_
3. Parent Agreement (Handbook) \_\_\_\_\_
4. PG Movie Permission Slip \_\_\_\_\_
5. Walking Permission Slip \_\_\_\_\_
6. Field Trips Permission Slip \_\_\_\_\_
7. BRAVOZ's Waiver \_\_\_\_\_
8. Pool Permission Slip \_\_\_\_\_
9. \$100 nonrefundable Registration fee \_\_\_\_\_
10. 15% Deposit fee (nonrefundable) \_\_\_\_\_
11. Tuition Express Payment Authorization \_\_\_\_\_

Weekly camp tuition is \$275.00

Campers must register for each week they want to attend. A **registration fee** of \$100.00 is required at the time of registration. Along with the registration fee, a **15% nonrefundable deposit** of the total tuition for all the weeks the camper will attend is due at the time of registration.

Example: If the camper is attending for 3 weeks, the registration fee is \$100.00. The deposit would be 15% of the total tuition for those 3 weeks. (For example, if each week costs \$275, 15% of \$825 is \$123.75).

**Tuition for all weeks registered is due each Monday the camper attends, regardless of whether they attend that week or not.**

Print Childs Name \_\_\_\_\_ Date/Time \_\_\_\_\_



# Isle of Faith Summer Camp 2025

## Weekly Sign-Up Form

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Grade during 2024-2025 School Year (K-5)** \_\_\_\_\_

Place a Check Mark by Each Week camper will attend:

- ☐ **WEEK 1:** June 2 – June 6
- ☐ **WEEK 2:** June 9 – June 13
- ☐ **WEEK 3:** June 16 – June 20 (Closed Thursday, June 19<sup>th</sup>)
- ☐ **WEEK 4:** June 23 - June 27
- ☐ **WEEK 5:** June 30 – July 4 (Closed Friday, July 4<sup>th</sup>)
- ☐ **WEEK 6:** July 7 – July 11
- ☐ **WEEK 7:** July 14 – July 18
- ☐ **WEEK 8:** July 21 – July 25
- ☐ **WEEK 9:** July 28 - August 1
- ☐ **WEEK 10:** August 4 – Aug. 7 (Closed Friday, Aug. 8<sup>th</sup>)

# Isle of Faith Summer Camp 2025

## Weekly Events at a Glance

### Week 1: June 2 – June 6

- Mon. 6/2/25  
+ GameTimeGameTruck 1:00-3:00
- Tues. 6/3/25  
+ PlayBall 9:45-11:15  
+ Clark's Critters 1:00-2:00
- Wed. 6/4/25  
+ Soccer Shots 10:00-11:30  
+ Bible Club 1:00-2:00
- Thur. 6/5/25  
+ PlayBall 9:45-11:15
- Fri. 6/6/25  
+ Water Slides 10:00-2:30  
+ Domino's Pizza 12:00

### Week 2: June 9 – June 13

- Mon. 6/9/25  
+ GameTimeGameTruck 1:00-3:00
- Tues. 6/10/25  
+ PlayBall 9:45-11:15
- Wed. 6/11/25  
+ Soccer Shots 10:00-11:30  
+ Bible Club 1:00-2:00
- Thur. 6/12/25  
+ PlayBall 9:45-11:15
- Fri. 6/13/25  
+ Pizza Lunch 11:30  
\*\* Field Trip to PVPV YMCA Pool  
12:30-3:40

### Week 3: June 16 – June 20

- Mon. 6/16/25  
+ GameTimeGameTruck 1:00-3:00
- Tues. 6/17/25  
+ Smart Parties Hands on Science 1:00-3:00
- Wed. 6/18/25  
+ Soccer Shots 10:00-11:30  
+ Bible Club 1:00-2:00
- Thur. 6/19/25  
**\*\*IOF CLOSED\*\***
- Fri. 6/20/25  
+ Pizza Lunch 11:30  
\*\* Field Trip to PVPV YMCA Pool  
12:30-3:40

### Week 4: June 23 – June 27

- Mon. 6/23/25  
+ VBS 9:00-12:00  
+ GameTimeGameTruck 1:00-3:00
- Tues. 6/24/25  
+ VBS 9:00-12:00  
+ Bricks4Kids 1:00-3:00
- Wed. 6/25/25  
+ VBS 9:00-12:00
- Thur. 6/26/25  
+ VBS 9:00-12:00
- Fri. 6/27/25  
+ VBS 9:00-12:00

### Week 5: June 30 – July 4

- Mon. 6/30/25  
+ GameTimeGameTruck 1:00-3:00
- Tues. 7/1/25  
+ PlayBall 9:45-11:15
- Wed. 7/2/25  
+ Soccer Shots 10:00-11:30  
+ Bible Club 1:00-2:00
- Thur. 7/3/25  
+ PlayBall 9:45-11:15
- Fri. 7/4/25  
**\* IOF CLOSED\*\***

### Week 6: July 7 – July 11

- Mon. 7/7/25  
+ GameTimeGameTruck 1:00-3:00
- Tues. 7/8/25  
+ Smart Parties Hands on Science 1:00-3:00
- Wed. 7/9/25  
+ Soccer Shots 10:00-11:30  
+ Bible Club 1:00-2:00
- Thur. 7/10/25  
+ Ice Cream 3:00
- Fri. 7/11/25  
+ Pizza Lunch 11:30  
\*\* Field Trip to PVPV YMCA Pool  
12:30-3:40

### Week 7: July 14 – July 18

- Mon. 7/14/25  
+ GameTimeGameTruck 1:00-3:00
- Tues. 7/15/25  
+ PlayBall 9:45-11:15  
+ Bricks4Kids 1:00-3:00
- Wed. 7/16/25  
+ Soccer Shots 10:00-11:30  
+ Bible Club 1:00-2:00
- Thur. 7/17/25  
+ PlayBall 9:45-11:15
- Fri. 7/18/25  
+ Pizza Lunch 11:30  
\*\* Field Trip to PVPV YMCA Pool  
12:30-3:40

### Week 8: July 21 – July 25

- Mon. 7/21/25  
+ GameTimeGameTruck 1:00-3:00
- Tues. 7/22/25  
+ Smart Parties Hands on Science 1:00-3:00
- Wed. 7/23/25  
+ Soccer Shots 10:00-11:30  
+ Bible Club 1:00-2:00
- Thur. 7/24/25  
+ Ice Cream 3:00
- Fri. 7/25/25  
+ Pizza Lunch 11:30  
\*\* Field Trip to PVPV YMCA Pool  
12:30-3:40

### Week 9: July 28 – Aug. 1

- Mon. 7/28/25  
+ GameTimeGameTruck 1:00-3:00
- Tues. 7/29/25  
+ PlayBall 9:45-11:15
- Wed. 7/30/25  
+ Soccer Shots 10:00-11:30  
+ Bible Club 1:00-2:00
- Thur. 7/31/25  
+ PlayBall 9:45-11:15
- Fri. 8/1/25  
\*\* Field Trip to BravoZ  
8:30-3:30

### Week 10: Aug. 4 – Aug. 8

- Mon. 8/4/25  
+ GameTimeGameTruck 1:00-3:00
- Tues. 8/5/25  
+ Clark's Critters 1:00-2:00
- Wed. 8/6/25  
+ Soccer Shots 10:00-11:30  
+ Bible Club 1:00-2:00
- Thur. 8/7/25  
+ Water Slides 10:00-2:30  
+ Domino's Pizza 12:00
- Fri. 8/8/25  
**\*\*IOF CLOSED\*\***



# Isle of Faith Child Development Center

## Child Care Application for Enrollment

### FOR OFFICE USE ONLY

**Student Information:** Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Enrollment Date \_\_\_\_\_

Full Name: \_\_\_\_\_

Last

First

Middle

Nickname

Child's Physical Address: \_\_\_\_\_

Primary Hours of Care: From: \_\_\_\_\_ to: \_\_\_\_\_

Days of Week in Care: \_\_ M \_\_ Tu \_\_ Wed \_\_ Th \_\_ Fri

**Family Information:** Child lives with: \_\_\_\_\_

Custody: \_\_ Mother \_\_ Father \_\_ Both \_\_ Other (specify) \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Emergency Contacts:** Student may be released to the following people who also may be contacted and are authorized to remove student from the facility in cases of illness/accident/emergency or if custodial parent or legal guardian cannot be reached.

Name	Address	Home/Cell Phone	Work Phone

**Medical Information:** I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor / Dentist	Address	Phone #
Hospital Preference:		

Please list allergies, special medical or dietary needs, or other areas of concern:

Please provide helpful information about Child:

Are you leaving a school to attend Isle of Faith CDC? Is so, please provide prior school and state what you hope we can do differently, if anything, to help your child.

- Sections 7.1 and 7.2 of the Child Care Facility Handbook require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3 of the Child Care Facility Handbook requires that parents receive a copy of the Child Care Facility Brochure entitled "Know Your Child Care Facility" (CF/PI 175-24) [also available on-line at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=860>], or
- Section 8.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parent(s) receive a copy of the family day care home brochure entitled "Selecting A Family Day Care Home Provider" (CF/PI 175-28) [also available on-line at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=841>].
- Section 2.8 of the Child Care Facility Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, or
- Section 2.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## **Parent Agreement Form**

### **Isle of Faith Child Development Center**

1821 San Pablo Road  
Jacksonville, Florida 32224  
(904) 221-5437

**I have read the Isle of Faith Child Development Center Parent Handbook and agree to follow the policies contained within it, including but not limited to:**

- general services to be offered
- requirements for admission and procedures for enrollment
- health policies (including illnesses--shot and immunization forms are required before child can attend school )
- fees and payment policies  
(I understand my child may not attend IOF if I have not paid his/her tuition (weekly tuition is due each Monday). I understand I may be called to pick up my child if I have not paid his/her tuition.)
- rules relating to personal belongings (I understand IOF will not reimburse me for loss or damage to personal items.)
- policy defining discipline procedures
- information regarding complaint procedure
- hours of operation, holidays, and other closures
- parents' right to observe and be involved
- center's Termination/Expulsion Policy

**I have read and agree to abide by the CDC policies:**

Parent's signature \_\_\_\_\_

Child's name \_\_\_\_\_

Date \_\_\_\_\_

Do you have a Church Family? \_\_\_\_\_

If yes, where? \_\_\_\_\_

**The Isle of Faith Child Development Center's Parent Handbook is available online at [www.lofumc.org](http://www.lofumc.org). A printed copy is available upon request.**

# Isle of Faith

# Summer Camp 2025

## PG Movie Permission Slip

Child's Name \_\_\_\_\_  
(PRINT Childs Name)

Has my permission to watch PG rated Movies at Isle of Faith Child Development Center.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

# Isle of Faith

## Summer Camp 2025

### Permission Slips

#### Walking Field Trip To and From Isle of Faith Big Field

I \_\_\_\_\_, the parent of \_\_\_\_\_  
(PRINT Parent/Guardian name) (PRINT Child's name)

Give permission for my child to participate in a Walking field trip with the Isle of Faith Child Development Center. I understand transportation is by walking and I agree to hold harmless the Child Development Center and any employees and/or Volunteers in the event of an accident. I understand changes may be made due to weather and/or conditions that may develop and are beyond the control of the Center. Finally, I understand if my child's behavior is disruptive or endangers his/her safety or that of others he/she may be excluded from these trips. In this case, I understand and agree that my child will stay at Isle of Faith with the Director or in a downstairs classroom.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Isle of Faith

## Summer Camp 2025

### **Fieldtrip Permission Slips NOT Including Pool Trips**

I \_\_\_\_\_, the parent of \_\_\_\_\_  
(PRINT Parent/Guardian name) (PRINT Child's name)

Give permission for my child to participate in the initialed field trip listed below with the Isle of Faith Child Development Center. I understand transportation is by school bus and I agree to hold harmless the Child Development Center and any employees and/or Volunteers in the event of an accident. I understand changes may be made due to weather and/or conditions that may develop and are beyond the control of the Center. Finally, I understand if my child's behavior is disruptive or endangers his/her safety or that of others he/she may be excluded from field trips. In this case, I will be responsible for providing care for my child, and understand no refund will be given for the day of the missed trip.

**Please Initial by Each Field Trip Approved  
Sign and Date at the Bottom**

**Field Trips, Dates & Times**

**Initial**

- **Week 9: Friday July 1<sup>st</sup> 2025**  
**Bravoz from 8:30 – 3:30 -----** \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**ADDITIONAL MINOR'S RELEASE/WAIVER - PARENT OR GUARDIAN'S ADDITIONAL  
RELEASE/WAIVER (Applicable to all participants under the age of 18)**

**NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN**

**READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF TZE USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM TZE IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND TZE HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.** source: (Section 744.301, Florida Statutes)

In addition to the terms, conditions, and acknowledgments contained in the above **PERPETUAL PARTICIPANT AGREEMENT, RELEASE/WAIVER AND ASSUMPTION OF RISK**, and in consideration of the below printed Minor being permitted by TZE to participate in its activities and to use its equipment and facilities, I further agree to perpetually release, indemnify, and hold harmless TZE and its agents and employees from any and all claims which are brought by, or on behalf of Minor, and are in any way connected to Minor's use of TZE's premises, or participation in TZE activities, including any such claims caused by, or alleged to be caused by, negligent acts or omissions of TZE.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Relationship to Participant(s): \_\_\_\_\_ Phone: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Driver's License No.: \_\_\_\_\_ DOB (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_  
Minor Name: \_\_\_\_\_ DOB (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_  
Minor Name: \_\_\_\_\_ DOB (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_  
Minor Name: \_\_\_\_\_ DOB (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_  
Minor Name: \_\_\_\_\_ DOB (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_

**TEAM Z ENTERTAINMENT, LLC**  
**PERPETUAL PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK**

**ONE DAY WAIVER ONLY VALID ON DATE OF VISIT:** \_\_\_\_\_

**ONE DAY WAIVER ONLY VALID FOR GROUP NAME:** \_\_\_\_\_

In consideration of the services of Team Z Entertainment, LLC, operator of BravoZ, their agents, owners, officers, volunteers, participants, employees, franchisors, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "TZE"), I hereby agree to release, indemnify, and discharge TZE, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

(1) I acknowledge that my participation in trampoline court, ninja obstacle course, climbing activities and other amusement activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to me, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. **The risks include, among other things:** Slipping and falling; collision with fixed objects or people; injuries including, sprains, fractures, scrapes, bruises and cuts, dislocations, pinched fingers and serious injuries to the head, back, or neck the negligence of other participants, TZE, or myself; my own physical condition; physical contact with others. (2) I expressly agree and promise to accept and assume all of the risks existing in activities at TZE. My participation in activities at TZE is purely voluntary, and I elect to participate in spite of the risks. (3) I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless TZE from any and all claims, demands, or causes of action, which are in any way connected with my or my child's participation in activities at TZE or my use of TZE's equipment or facilities, **including any such claims which allege negligent acts or omissions of TZE. I understand that this perpetual release/waiver will apply to each and every occasion that I visit a TZE facility.** (4) Should TZE or anyone acting on their behalf, be required to incur attorneys' fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs. (5) I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have. (6) In the event that I file a lawsuit against TZE, I agree to do so solely in the Courts of Duval County in the State of Florida, and I further agree that the substantive law of Florida shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect. (7) I irrevocably grant TZE the right to photograph, videotape, and/or record me and/or my child/ward and to use my or my child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, and promotional materials without reservation or limitation.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in activities at TZE, I may be found by a court of law to have waived my right to maintain a lawsuit against TZE on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant: \_\_\_\_\_ Print Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ DOB (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

# Isle of Faith

## Summer Camp 2025

### **PV YMCA Pool Field Trip Permission Slips**

I \_\_\_\_\_, the parent of \_\_\_\_\_  
(PRINT Parent/Guardian name) (PRINT Child's name)

Give permission for my child to participate in the field trip to the PV YMCA POOL from 12:30 – 3:30 with the Isle of Faith Child Development Center on the Dates listed and initialed below. I understand transportation is by school bus and I agree to hold harmless the Child Development Center and any employees and/or Volunteers in the event of an accident. I understand changes may be made due to weather and/or conditions that may develop and are beyond the control of the Center. Finally, I understand if my child's behavior is disruptive or endangers his/her safety or that of others he/she may be excluded from field trips. In this case, I will be responsible for providing care for my child, and understand no refund will be given for the day of the missed trip.

**Please Initial by Each Date Approved  
Then Sign and Date at the Bottom**

- | <u>Dates</u>                                    | <u>Initial</u> |
|---|----------------|
| • Week 2: Fri. June 13 <sup>th</sup> 2025 ----- | _____          |
| • Week 3: Fri. June 20 <sup>th</sup> 2025 ----- | _____          |
| • Week 6: Fri. July 11 <sup>th</sup> 2025-----  | _____          |
| • Week 7: Fri. July 18 <sup>th</sup> 2025 ----- | _____          |
| • Week 8: Fri. July 25 <sup>th</sup> 2025 ----- | _____          |

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**\*I have read and understand the "IMPORTANT Pool Day Information" & the "POOL RULES" pages given to me.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Isle of Faith Summer Camp 2025



## IMPORTANT Pool Day Information

- **PLEASE** let us know if your child can **NOT** Swim. They will be given a Life Jacket and Red Neckless/Orange Bracelet.
- All Children will be given a **Swim Test** on their first visit with us. Depending on their swimming ability, they will be given a **Colored Wrist Band and/or Neckless**.
  - **GREEN** = Free to swim in deep end:  
They must be able to swim the length of the pool (doggie paddle, freestyle, breast stroke, under water like a fish, exc.) and then tread water for a minute.
  - **YELLOW** = Must stay in the shallow water:  
If they can only swim half of the pool
  - **Orange** = Required to have a Life Jacket on at all times.  
They **MUST** Have a Life Jacket On and Must stay in the Designated Shallow Area with a STAFF Member at All Times.

***Please Know & Understand** that the swim test is given by perceptive life guards.  
**However, I, Mrs. Cole, will determine what color Wrist Band they receive.**  
**I must feel 100% Confident in Each Childs Ability to keep them ALL SAFE.***

**SAFTY IS OUR FIRST PRIORITY**

## **\*\* Attached is the Ponte Vedra YMCA Pool RULES.**

Please note rule #4 on YMCA pool Rules about diving,  
We **DO NOT** allow ANY Diving or JUMPING into the pool.  
They **MUST** Sit & Slide into the pool.

Help us keep everyone safe by going over the rules with your child.

**\*\* 1<sup>st</sup> offense - they must sit out of the pool for 5 minutes**

**\*\* 2<sup>nd</sup> offence - they will no longer be allowed to swim**

**SAFTY FIRST, FUN Second**

## **What they will Need**

- Come w/ Bathing Suit on and shirt/cover up on
- Bring Own Sunscreen w/ First & Last Name on it
  - o Child **MUST** be able to Apply Sunscreen Themselves.  
We are **LEGALLY Not Allowed** to Apply
- No Floating Devices. Life Jackets will be Provided if Needed
- **Goggles ONLY**. No Mask (Eyewear can NOT Cover Nose)
- Bring a **Complete** Change of Clothes in a Bag Labeled w/ First & Last Name
  - Pants/ shorts/ skirt
  - Shirt
  - **UNDERWEAR!!!!!!**
  - Socks
  - Shoes
- Must Have Water Shoes.
- **Bring TOWEL !!!!!**

## **YMCA POOL RULES**

**For The YMCA Aquatic Department, Our number one priority is safety! For this reason, we have implemented the following rules and guidelines. We kindly ask that you follow these policies and procedures to ensure a fun safe time for all of our participants. Thank you!**

1. Lifeguards have the authority to enforce all pool rules
2. No one will be allowed in the swimming area unless the pool is officially open and a lifeguard is on duty. Swimming without a Ready-To-Rescue Lifeguard present on deck is prohibited.
3. Running, rough play, dunking, wrestling, or other improper conduct causing undue disturbances on or about the pool area or any acts which would endanger any patron are prohibited.
4. No diving in water less than 9 feet. Front diving only.
5. No prolonged underwater swimming for time and/or distance. Competitive and/or repetitive breath holding can be deadly and is not permitted. Hyperventilation is absolutely not permitted. This is a YMCA Regulation
6. Objects or items deemed to be dangerous or unsafe by lifeguard are not permitted in pool area. or
7. The Health Department requires all patrons must take a cleansing soap shower before entering the deck area. Sun bathers SHOULD shower before each entrance into the water in order to rinse off perspiration, lotions, sunscreens, etc.
8. No street shoes. The swimming pool and decks must be maintained in a sanitary manner for the protection of patrons. Exceptions may be made for participants and spectators of swimming meets or other water sport activities, operating personnel, personnel engaged in repair work or as approved by the Director.
9. Pool users must wear swimming suits or swimming trunks upon entry into the pool. Clothing such as cut-offs, gym shorts, and underwear is not permitted as swimwear. Clean T-shirts may be worn for modesty or medical reasons but first must be sanctioned by the Pool Manager.
10. Food or refreshments may be consumed only in designated areas. Food or refreshments are not permitted on the pool decks (except plastic bottles of water brought by a patron for personal consumption). Glass containers, alcoholic beverages and drugs are not permitted in the pool complex.
11. Use of diving blocks is prohibited - exception only for YMCA Swimming programs
12. Inner tubes, inflated boats, and rafts are not permitted in the pools. Small toys or balls may be allowed in the pools at the Manager's discretion.
13. Persons with open sores or skin diseases are not permitted in the pool. Any person how has or have had diarrhea in the past two weeks, please do not use the pool.
14. All participants are expected to adhere to the YMCA Code of Conduct. Foul language is prohibited.
15. Bringing any animal, other than a registered service animal, onto the immediate premise or allowing any animal to enter the pool water is prohibited.
16. Smoking (tobacco or electronic) is not permitted anywhere in the facilities, buildings, grounds or parking lots.

### **Aquatics Guidelines related to children**

17. All children 12 years of age and under must have an adult with them on the pool deck when in the YMCA facility.
18. Children 5 years of age and under must be supervised by an adult who is in the water with them. Children NOT potty trained need to wear a
19. Any child, who cannot swim the length of the pool unassisted, must have an adult in the water with them regardless of the child's age.
20. Only Coast Guard approved and labeled personal flotation devices may be worn with direct adult supervision. Each individual wearing a persur safety.

Please consult the pool operator for assistance, if you have questions. Enjoy a safe and fun swim!!!