

Sodus Central School District
Aquatics Facility
Request of Use Form

This form must be completed by a responsible individual (21 years of age or over) requesting use and should be submitted at least 14 days prior to the date requested. Upon approval, one copy of this form will be returned to the official whose name appears on the form.

Name of Organization
or Individual Requesting Use: _____

Type of Activity: _____ No. of Persons
Attending _____

Facility Requested: _____ Pool and Locker Rooms (Men and Women's)

Other Areas Requested: _____ (Another Facilities Request
must be filled out for these areas)

Pool Equipment Requested: _____

Date(s) Requested*: _____ Time(s) Requested*: _____

****Times/Dates might have to be changed due to possible scheduling conflicts**

In requesting approval for these facilities, the individual or organization agrees to accept all terms and conditions established by Regulation of the Board of Education. The Sodus Central School District is not liable for injury to any participant or observer of your event.

1. If your group is part of Sodus Central School District list name and skip to Question #8.

2. Are you requesting facility use as part of a private profit-making activity?

Yes No

If yes, this application must be submitted to the **BUSINESS OFFICE** for action by the Board of Education.

3. Will the activity be non-exclusive and open to the public? Yes No (circle one)

If not, list all restrictions: _____

4. (a) Will an admission fee be charged, or funds collected? Yes No (circle one)

(b) If yes, what will the money be used for? _____

(c) What is the admission fee to be charged? _____

5. (a) Does your organization carry public liability insurance? Yes No (circle one)

(b) If yes, copy of Certificate of Public Liability Insurance is to be appended to this application.

6. (a) Are you willing to carry public liability insurance if required by the district?

Yes No (circle one)

(b) Are you willing to have Sodus Central School District listed as a named insured?

Yes No (circle one)

7. If you are requesting facilities use for an organization, please answer the following:

(a) Are you a not-for-profit organization? Yes No (circle one)

If yes, a copy of your tax-exempt certificate is to be appended to this application.

8. Will the adult assuming responsibility be present for the entire event?

Yes No (circle one)

9. Is the adult assuming responsibility a member of the Sodus Central School Staff?

Yes No (circle one)

By signing the request, I and my organization agree to be bound by the terms of regulation 3280, to pay any fees charged, and to pay the cost of repair or replacement of district property damaged as a result of the use of facilities.

Signature of Adult Assuming Responsibility

Title

Print Name

Phone Number

Address

Date

Request for event coverage by custodial staff: (For Office Use Only.)

Dates: _____

Time: _____

Total Hours: _____ x \$10.00= _____ = Cost

Aquatics Director

- Approved as requested
- Approved as amended _____

Building Principal

- Approved as requested
- Approved as amended _____

Aquatic Directors Signature

Date

Principals Signature

Date

Distribution: Person/Group Requesting Use
Aquatics Director
Building Principal

Director of Facilities and Operations
Athletic Director
Business Administrator