



PALM ISLAND FAMILY AQUATIC PARK GROUP USE FORM

This form must be completed and turned in with payment at the admission window. Staff will then provide the appropriate number of wristbands.

GROUP: _____ DATE: _____

NON-SKILLED SWIMMERS

(Ratio: One adult staff person to every 5 non-skilled swimmers and within an arm's length of each child in their group at all times)

Adult Staff Full Name / Age (Please Print)

Child's Full Name / Age (Please Print)

1. _____

2. _____

3. _____

4. _____

5. _____

Number of children X \$1.00 = \$ _____

Number of adults X \$2.00 = \$ _____

TOTAL \$ _____



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This form must be completed and turned in with payment at the admission window. Staff will then provide the appropriate number of wristbands.

GROUP: _____ DATE: _____

SWIMMERS

(Ratio: One adult staff person for every 5-10 swimmers)

Adult Staff Full Name / Age (Please Print)

Child's Full Name / Age (Please Print)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Number of children X \$1.00 = \$ _____

Number of adults X \$2.00 = \$ _____

TOTAL \$ _____