

# AQUATIC CENTER PARTIES

**HOURS**-Parties may be scheduled in 1 and 1/2-hour blocks.

- **SATURDAY 1:00–2:30 and 3:00–4:30**
- **SUNDAY 1:00–2:20 and 3:00–4:30**

**FEES**-The fee covers 40 guests. Each additional guest is \$2.00. Parties are placed on the calendar at time of payment. For special arrangements outside of the designated times call office.

- **CISD Resident-\$150.00**
- **Non Resident-\$165.00**
- **CISD/City Employee-\$135.00**

**WAIVERS**-Each guest must sign waiver. Waivers and guest list must be turned in prior to party.

**ORIENTATION** – The Head Lifeguard is required to familiarize all groups with facility safety rules prior to using the facility. Guests that arrive late must report to the Head Lifeguard prior to entering the water.

**SWIMMING REQUIREMENTS**- All guests must pass a swimming test (45ft.). Those guests that cannot meet minimum requirements will be restricted to the shallow area and must be supervised by an adult at all times.

**DIVING REQUIREMENTS** – All guests may use the 1 meter diving boards. The 3 Meter diving boards are restricted to guests that meet a minimum height requirement of 54 inches.

**RULES**-Glass containers, alcoholic beverages, tobacco products, inflatable rafts, beach balls and squirt guns are not allowed. Foam noodles and Coast Guard Approved lifejackets are acceptable. You may bring refreshments, no glass containers.

**REFUND POLICY**-Due to the number of requests we receive for parties, we issue refunds with a ten day notice of cancellation. Rescheduling is allowed.

**PARTY DATE** \_\_\_\_\_ **TIME** \_\_\_\_\_ **Mgr. Approval:** \_\_\_\_\_

**PARENTS NAME** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **Alt. Phone:** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_

**NUMBER OF GUEST** \_\_\_\_\_ **Approximate age of guests** \_\_\_\_\_

**NUMBER OF TABLES REQUESTED (limit 3)** \_\_\_\_\_

**I have read the above information and agree to all terms and policies.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**Date**

**PLEASE PROVIDE A GUEST LIST FOR YOUR PARTY PRIOR TO THE SCHEDULED DATE. Fax #: 817-949-8208**

**OFFICE USE ONLY**

\_\_\_\_\_  
**Check #**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Amount**

\_\_\_\_\_  
**Signature**