GROUP FORM

Greater Plymouth Community Center 2910 Jolly Road		-	w.PlymouthCommunityCenter.org Telephone: (610) 277-4312 Fax: (610) 277-4314		
Plymouth Meeting, PA 19462	PLEAS	SE PRINT Fax: (6			
Date of Application:	-	Group Swim Full Day Passes			
Adult in Charge of GroupResiden	ıt	Non-Resident			
Name:		Home Telephone #:	_		
Address:		Work Telephone #:	-		
		Cell #:	_		
Names of Children	Ages	Names of Children	Ages		
Children 6 years & up 1 Adult: 8 Children - The	adults mus adults may at all tim	t be in the water closely supervising children supervise from the pool deck or in the water es, assist taking the children to the bathroom and o	other areas		
Names of Adults					
I have read the ratio requirements and will pro	vide the p	roper number of responsible and swimming adul	lts.		
AGREEMEN	TAND R	ELEASE OF LIABILITY			
		n the back of this application and agree to it. given for passes, passes are non-transferable, a			

Signature	of	Adult	in	Charge	of	Group
Signature	<u> </u>	1 1000000		01101-00	<u> </u>	010mp

Printed Name of Adult in Charge of Group

Date