

GROUP POOL & ICE USAGE  
DAILY REPORT

DATE \_\_\_\_\_

POOL NAME \_\_\_\_\_

GROUP NAME \_\_\_\_\_

GROUP ADDRESS \_\_\_\_\_

GROUP PHONE NUMBER \_\_\_\_\_

GROUP SUPERVISOR \_\_\_\_\_

TOTAL NUMBER IN GROUP \_\_\_\_\_ Ratio: 5 & under - 1 per 4  
6-9 - 1 per 10  
10 & over - 1 per 12

<u>AGE GROUPS</u>	<u>NUMBER OF SWIMMERS</u>	<u>NUMBER OF SUPERVISORS</u>
5 & UNDER	_____	_____
6-9	_____	_____
10 & OVER	_____	_____

TIME IN \_\_\_\_\_

TIME OUT \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF GROUP SUPERVISOR \_\_\_\_\_

SIGNATURE OF POOL/ICE SUPERVISOR \_\_\_\_\_

**This form must be filled out prior to each visit to the pool and rink.**