



City Of Hartford
Department of Health & Human Services
Recreation Division
2009 Summer Aquatic Group Registration Form
Application due date is June 8, 2009



Pool location: _____

Height requirements: Colt & Keney Pools-36" Pope-42" Goodwin-50"

Name of Group/Organization: _____

Address: _____

Contact(s): _____ Phone: _____

Of children in the group: _____ Counselor/child ratio: _____

Days & times requested: _____

Please provide us with a list of any accommodations that any individual child may need within your group due to a physical challenge or medical condition. (I.e. diabetes, seizures, asthma etc.) Thank You.

If you are participating in our free swim program, the group must provide a counselor/leader:child ratio of 1:10. The counselors/leaders must be clearly identifiable (i.e. staff shirt, badge, etc.) to the lifeguards on duty. Thank You for your cooperation.

Application: Approved

Not approved because _____

Approved if _____

THIS REGISTRATION FORM WILL BE KEPT ON FILE AT THE SITE & MAIN OFFICE

FOR OFFICE USE ONLY:

REVIEWED BY: _____

DATE: _____