

Leola Community Pool-managed by Lancaster Family YMCA
23 E. Main St.
Leola, PA 17540
(717) 656-9130

Applicant Contact Information:

Contact Name: _____ Phone: _____
Organization: _____
Address: _____
Fax: _____ Email: _____

Requirements:

Facilities used: _____
Date(s) of Events: _____ Time(s): _____
Type of Event: _____
Breakdown of Charges: _____

Regulations:

1. The applicant shall be obligated to leave the Facilities in a clean and orderly condition.
2. The Lancaster Family YMCA reserves the right to make changes to the facilities allocated and will notify the applicant accordingly. The applicant acknowledges the Lancaster Family YMCA is under no obligation to provide services or facilities not previously requested.
3. The applicant shall ensure compliance with all applicable policies and procedures of the Lancaster Family YMCA and in particular the Code of Conduct and Code of Ethics policies.
4. The Applicant shall fully vacate the Facilities and re-instate the Facilities to the condition they were in prior to their use by the Applicant by the expiry of the hours of use stipulated. Failure to do so shall result in the Applicant owing the Lancaster Family YMCA rental for the greater of an additional hour(s) or that period required to fully vacate the Facilities by the Applicant.
5. The Lancaster Family YMCA will not be responsible for any personal injury or damage, nor theft or loss of personal possessions or equipment of the Applicant or guests of the Applicant. The Applicant shall indemnify and save harmless the Lancaster Family YMCA, and its directors and officers against all claims and demands whatsoever by any person or entity, whether in respect of damage to person or property, including theft, arising out of or occasioned by the use of the Facilities by the Applicant.
6. The Applicant shall be responsible for the conduct and supervision of all persons admitted to the Leola Community pool buildings and grounds by the Applicant. The exits must be kept free from obstruction in case of fire.
7. The Applicant will be liable to the Lancaster Family YMCA and its directors and officers with respect to any damages to the Facility caused by the act, default or negligence of the Applicant, its officers, agents, employees, contractors, customers, and invitees. In the event of damage, the applicant will take full responsibility and will reimburse the Lancaster Family YMCA for damages or losses. I leave any pricing for damages at the discretion of the YMCA if this should occur and will reimburse the YMCA.
8. No alcoholic beverages or illegal drugs shall be allowed on the property of the Leola Community Pool.
9. The Lancaster Family YMCA requires a 1 week cancellation notice in writing. An administrative fee may be charged and is left up to the discretion of the Lancaster Family YMCA. Failure to notify in writing will incur the full rental fee for that time.
10. In the event that the Lancaster Family YMCA shall be obligated or hindered or prevented from providing the use of the Facilities for any reason, the Lancaster Family YMCA shall be excused from delivery of the Facilities as otherwise herein provided without further liability.

“ I, the undersigned, have read understand and agree to abide by the terms of the above contract and I hereby release the Lancaster Family YMCA, it's Board of Directors, Management Board, Agents, Officers, and Employees from any liability with respect to any damages or injuries (including death) howsoever caused, while renting the Leola Community Pool for the time periods indicated on this permit.”

Signature of Applicant/Organization: _____ Date: _____

Official Use only:

Application Prepared By: _____ Date: _____
Application Received By: _____ Date: _____
Lancaster Family YMCA approval signature: _____ Date: _____

Deposit Amount Requested: \$ _____ Date Received: _____ By: _____

*Call Cindy @ the LS YMCA at 464-4000 x-243 to check on date availability.
*Complete the form below. Balance must be received **one week** prior to the scheduled event.
Checks payable to **Lancaster Family YMCA**.

*Form can be either dropped off at the pool or mailed to:
Lampeter Strasburg YMCA ATTN: Cindy Drob
800 Village Road.
Lancaster, PA 17602

*A signed copy of this form will be returned to you for your records.

() 8-9 pm () 8-9:30 pm () 8-10 pm

Pool Party on Sun. M T W Th F Sat. / /
(circle one) (date)

Approximate number of People: _____

Contact Person: _____ Phone # _____

Address: _____

Name of Group (if applicable): _____

Signature of Responsible Person

Cindy L. Drob, Supervisor

Date

Date

BALANCE DUE: _____

1-50 People: 3 guards + 1 Manager = \$100/hour
51-100 People: 4 guards + 1 Manager = \$130/hour
101-150 People: 5 guards + 1 Manager = \$160/hour
151 to 200 People: 6 guards + 2 Managers = \$210/Hour

******ALL POOL RULES & REGULATIONS ARE IN EFFECT AT ALL TIMES******

Copies to: (1) ULT office, (2) Pool Mgmt., (3) Renter