

Wharton Municipal Pool
2010
979-532-1226

Pool Opening Date: Tuesday, June 8, 2010

Pool Hours:

Monday	<i>Pool Closed</i>		
Tuesday	7:30 - 11:00 a.m.	-	Swim Team Workouts
	1:00 - 5:00 p.m.	-	Public
	6:00 - 7:00 p.m.	-	Water Gym (Deep Water)
Wednesday	6:30 - 7:30 a.m.	-	Water Aerobics
	7:30 - 11:00 a.m.	-	Swim Team Workouts
	1:00 - 5:00 p.m.	-	Public
	5:30 - 8:00 p.m.	-	Family Night
Thursday	7:30 - 11:00 a.m.	-	Swim Team Workouts
	12:00 - 1:00 p.m.	-	CDC
	1:00 - 5:00 p.m.	-	Public
	6:00 - 7:00 p.m.	-	Water Pilates
Friday	6:30 - 7:30 a.m.	-	Water Aerobics
	7:30 - 11:00 a.m.	-	Swim Team Workouts
	12:00 - 1:00 p.m.	-	Creative Care
	1:00 - 5:00 p.m.	-	Public
	5:30 - 8:00 p.m.	-	Family Night
Saturday	7:00 - 8:00 a.m.	-	Water Aerobics (Make-Up Only)
	1:00 - 5:00 p.m.	-	Public
	6:00 - 8:00 p.m.	-	Swim Parties
Sunday	1:00 - 5:00 p.m.	-	Public
	6:00 - 8:00 p.m.	-	Swim Parties

Admission: Anyone who enters the pool area must pay.

Regular Admission: \$2.00 per individual

Family Night Admission: \$2.00 per individual

Individual Season Pass: \$35.00

Family Season Pass: \$55.00

WATER AEROBICS 2010

STARTING TUESDAY, JUNE 8th

**DAYS: TUESDAYS AND THURSDAYS
WEDNESDAYS AND FRIDAYS**

**TIME: TUESDAYS 6:00 – 7:00 P.M. WATER GYM (DEEP WATER)
THURSDAYS 6:00 – 7:00 P.M. WATER PILATES**

**WEDNESDAYS 6:30 – 7:30 A.M. WATER AEROBICS
FRIDAYS 6:30 – 7:30 A.M. WATER AEROBICS**

WHERE: WHARTON CITY POOL

COST: \$40.00 PER PARTICIPANT PER MONTH

ITEMS TO BRING:

- WATER BOTTLE
- SUNSCREEN AND HAT
- WATER SHOES

ITEMS PROVIDED:

- AQUA BELLS
- AQUA BELTS

PAYMENT IS EXPECTED AT TIME OF REGISTRATION.

**IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE WHARTON CIVIC CENTER,
979-532-2491 EXT. 600.**

CONSENT FORM

WHARTON MUNICIPAL POOL
WHARTON AEROBICS
979-532-1226 (POOL) 979-532-2491 (CIVIC CENTER)

NAME: _____
(Please Print)

I understand that I am responsible for monitoring my own condition throughout the workout and should any unusual symptoms occur, I will cease my participation and inform the instructor of the symptoms. If conditions persist, I agree to consult my physician and obtain written permission before returning to the program.

I agree to hold blameless, the City of Wharton and/or the instructor from any and all claims that may result from injury or death, accidental or otherwise, during, or arising in any way from the exercise program.

Signature Date

In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of the exercise program.

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____
Street or P.O. # City State Zip

TELEPHONE #: _____ EMERGENCY #: _____

NAME OF PHYSICIAN: _____ TELEPHONE #: _____

LIMITATIONS AND/OR MEDICAL CONDITIONS: _____

CONSENT FORM

WHARTON MUNICIPAL POOL
WHARTON GYM (DEEP WATER) AND WATER PILATES
979-532-1226 (POOL) 979-532-2491 (CIVIC CENTER)

NAME: _____
(Please Print)

I understand that I am responsible for monitoring my own condition throughout the workout and should any unusual symptoms occur, I will cease my participation and inform the instructor of the symptoms. If conditions persist, I agree to consult my physician and obtain written permission before returning to the program.

I agree to hold blameless, the City of Wharton and/or the instructor from any and all claims that may result from injury or death, accidental or otherwise, during, or arising in any way from the exercise program.

Signature Date

In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of the exercise program.

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____
Street or P.O. # City State Zip

TELEPHONE #: _____ EMERGENCY #: _____

NAME OF PHYSICIAN: _____ TELEPHONE #: _____

LIMITATIONS AND/OR MEDICAL CONDITIONS: _____

APPLICATION FOR SWIMMING LESSONS
WHARTON MUNICIPAL POOL
Swimming Pool

Telephone: 979-532-1226

Date: _____

Child's name: _____ Age: _____

Name of Parent/Guardian _____

Address _____ City _____ Zip Code _____

Telephone: Daytime _____ Evening _____

SESSION: I. June 15 - June 25, 2010 Tuesday – Friday 11am -11:45am
II. June 29 - July 9, 2010 Tuesday – Friday 11am -11:45am

SWIMMING ABILITY: Beginner Intermediate Advanced

LESSON DESCRIPTION: Semi-Private: Maximum 3 children per instructor.

LESSON FEE: Individual: \$60
Family: \$60 - 1st child, \$50 - 2nd child, \$45 - 3rd child.

I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the City of Wharton and its respective representatives for any and all injuries suffered by, _____ in connection with his/her
(first name) (last name)
participation in the swimming lessons program.

Consent is hereby given for the applicant to attend the above indicated course and permission is given for any emergency medical treatment, operation, or anesthesia which might become necessary as a result of accident or injury during the course of this lesson.

Signed _____ Dated _____
(Parent or Guardian)

Make check payable to City of Wharton.

Amount Paid: \$ _____ Cash _____ Check # _____

Wharton Municipal Pool

Rental Agreement Form Terms and Conditions-2010

1. Rental availability: Saturdays 6:00 p.m. to 8:00 p.m.
Sundays 6:00 p.m. to 8:00 p.m.
2. Group rental must be for non-commercial use only. Family parties, group social functions, non-profit organizations, etc. are acceptable uses. The pool rental for any of the above is a minimum deposit of \$50 and a \$50 rental fee, plus the cost of lifeguards.
3. Two (2) lifeguards will be required for up to 30 people in the pool, with one additional lifeguard for every 15 additional attendees. Each lifeguard is \$10/hour.
4. Reservations must be made at least seven (7) days in advance of the date requested. The **base fee must be paid at the time of reservation and an estimate of the total number in the group must be provided.** The base fee may be refunded if cancellation is made no later than 48-hours prior to reservation date. In case of rain out, the pool manager or designated personnel will determine if the base fee will be refunded.
5. NO ALCOHOLIC BEVERAGES ARE ALLOWED IN THE POOL AREA.
6. The group must remain in the pool area for the duration of use. Open door use of the area is not permitted. The private party will not be permitted to enter until all general public users have left the facility.
7. The group is expected to leave the facility in at least as good condition as it was upon entry. Trash must be picked up and deposited in the trash cans provided. The individual, in whose name the registration is made, is responsible for all damages incurred.
8. Lifeguards will be provided by the City and all members of the groups are subject to all pool rules as enforced by the lifeguards.

Date: _____ From _____ a.m./p.m. To _____ a.m/p.m. #
to attend _____
Group name _____

I agree to the conditions and terms herein stated for the use of the Wharton swimming pool. I will be on the premises for the duration of use and will be personally responsible for all damages and problems which might be caused by the group.

Signature of Responsible Party Date
Applicant's phone number: (Day) _____ (Evening) _____
Amount Pd. \$ _____ Cash _____ Check # _____

WHARTON MUNICIPAL POOL

Season Pass
979-532-1226

Application for Season Pass

Season Pass is good through the 2010 pool season.

Fees: \$35.00 individual season pass.
 \$55.00 family season pass - up to four (4) family members.
 (\$20.00 for additional family member over 4 members.)

Pass holder's name

1. _____ _____ _____
 (*First name*) (*Last name*) (*Age*)

 (*Address - Street, City, State & Zip code*)
 Telephone: _____ _____
 (*Day*) (*Evening*)

Additional Family Members:

2. _____ _____ _____
 (*First name*) (*Last name*) (*Age*)
3. _____ _____ _____
 (*First name*) (*Last name*) (*Age*)
4. _____ _____ _____
 (*First name*) (*Last name*) (*Age*)

Family members in excess of four (4) should complete a separate Application for Season Pass for each additional member.

BRING COMPLETED FORM AND PAYMENT TO THE POOL OFFICE.

Amount Paid \$ _____ Cash _____ Check # _____