



Town of Southampton

6 NEWTOWN ROAD
HAMPTON BAYS, NEW YORK 11946

KRISTEN M. DOULOS
TOWN PARKS DIRECTOR

PARKS & RECREATION DEPARTMENT

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GROUP SWIMMING REGISTRATION FORM

THIS APPLICATION MUST BE FILLED OUT COMPLETELY.

1. Date of Application: _____
2. Organization Name: _____
3. Address: _____
4. Phone: _____ Fax: _____
5. E-mail: _____
6. List Specific Area(s) Needed: _____
7. Start Date of Reservation: _____ End Date of Reservation: _____
8. Number of Children Expected: _____ Ages of Children: _____
9. Number of Supervisors: _____
10. Supervisor in Charge: _____
11. Will you bring a certified lifeguard? Yes No

If yes, please list his/her name: _____

Type/Date of Certification: _____

AGREEMENT

The undersigned is over 21 years of age and has read this form and attached regulations and agrees to comply with them. He/she agrees to be responsible to the Town of Southampton for the use and care of the facilities. He/she, on behalf of _____, does hereby covenant and agree to defend, indemnify and hold harmless the Town of Southampton from and against any and all liability, loss, damages, claims or actions, including costs and attorneys' fees, for bodily injury and/or property damage, to the extent permissible by law, arising out of or in connection with the actual or proposed use of the Town of Southampton's property, facilities and or service by _____.

Signature of Organization's Representative

Address: _____ Phone: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time Start							
Time End							

***** OFFICE USE ONLY - CHECK LIST *****

INSURANCE CERTIFICATE

BOOK/CALENDAR

Comments for Permit Holder: _____
