Welcome to the Town of Sweden Splash Pad

Memorial Day to Labor Day 7 days 10am-7pm

In the event of an emergency, call 911

For your safety and enjoyment, please observe the following rules:

* The Splash Pad is unsupervised; use at your own risk.

* Swim diapers are required for children not potty-trained.

* Children under 10 must be accompanied by an adult (over age 16).

* Persons over the age of 16 must be in the company of children.

* Organizations must obtain a group permit prior to visiting. Group permits are available at the Sweden/Clarkson Community Center, 4927 Lake Road. 585-431-0090.

* No pets, with the exception of service animals, are allowed on the Splash Pad.

* The use of tobacco products and alcohol are prohibited on the Splash Pad.

* Glass containers are not permitted on the Splash Pad.

* Skateboards, scooters, roller blades, bikes and other riding toys are not permitted on the Splash Pad.

* Running, pushing and horseplay are not permitted on the Splash Pad.

* Climbing, hanging, swinging and pulling on Splash Pad equipment are not permitted.

* Loud inappropriate or vulgar behavior or music is not permitted on the Splash Pad.

* The Splash Pad must be vacated when there are any signs of thunder, lightning or severe weather.
Welcome to the Town of Sweden Splash Pad

Group Visit Policies & Rules

- Groups of 8 or more persons must obtain a permit prior to visiting the splash pad.
- A group is considered a number of people visiting from the same organization for the same general purpose.
- Groups larger than 30 people cannot be accommodated.
- Chaperone ratio must be 1 adult to every 6 children.
- Group visits are only allowed on Monday - Thursday, between 10am - 2pm.
- Group visits are limited to a length of 2 hours per visit.
- Reservations must be received in our office at least 2 weeks ahead of planned visit.
- Form and payment (non-residential groups only) must be received prior to visit.
- Separate form is needed for each visit.
- Date of visit may not be approved. A limited number of groups/children are allowed each day.
- Residential groups- those groups who function within the Town of Sweden; Non-residential groups- those groups who function outside the Town of Sweden.
- Reservation permit must be carried with group at all times.
- Splash pad rules must be obeyed at all times (see below)

Permit is for usage of the splash pad, only. To reserve a field or lodge, a separate form must be completed.

Permit does not give group exclusive use of splash pad. The splash pad is open to all members of our community.

Groups not adhering to policies and/or rules will be asked to leave. Refunds or credits will not be given for visit.

We advise that groups larger than 8 people split into smaller groups when using the splash pad. This is a small area and will not accommodate an entire group at one time.

Splash pad may be closed at any time due to weather, maintenance or other operational concerns. Credits will be provided for visits during the same season only.
*Forms w/payment must be received at least 2 weeks in advance of visit. *

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<thead>
<tr>
<th>Name of Organization (if applicable):</th>
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<tbody>
<tr>
<td>Contact Person:</td>
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<td>Contact Person Email:</td>
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<td>Organization Address:</td>
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<td>Contact Person Telephone:</td>
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<td>Date of Visit:</td>
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<td>Time of Arrival:</td>
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<td>Time of Departure:</td>
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<td>Mode of Transportation:</td>
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<tr>
<th>Size of Group</th>
<th>Please check corresponding box</th>
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<th>Resident Fee</th>
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<td>8-10</td>
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<td>11-20</td>
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<td>21-30</td>
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Payment is due prior to issue of permit. Payment can be made in the form of Cash or check. Please make checks payable to the Town of Sweden.

**Group Waiver & Information**

I understand the rates and terms that are written above and:

- [ ] I have read and understand the attached Splash Pad Rules (see attached)
- [ ] Our group contact and all chaperones will obey and enforce all facility rules with our group members. I am responsible for all actions and behaviors of my group during our visit to the Town of Sweden’s Splash Pad

__________________________________________  _________________________
Contact Person’s Signature                  Date