



**PARKS AND RECREATION  
FACILITY USE APPLICATION (NOT A PERMIT)  
AQUATIC AND BEACH FACILITIES**  
8401 TIDEWATER DRIVE (NORTHSIDE POOL)  
NORFOLK, VIRGINIA 23518  
OFFICE: (757) 441-1760 FAX: (757) 823-4385

**AQUATIC & BEACH FACILITIES**

**FOR OFFICE USE ONLY:**

Fee Attached \_\_\_\_\_  
Paid (Receipt #) \_\_\_\_\_  
Resident \_\_\_\_\_ Yes \_\_\_\_\_ No  
Approve \_\_\_\_\_ Yes \_\_\_\_\_ No

**EVENT AND FACILITY INFORMATION:**

Facility Requested \_\_\_\_\_ Facility Address \_\_\_\_\_ Type of Activity \_\_\_\_\_  
Date \_\_\_\_\_ Day of Week \_\_\_\_\_ Event Hours: Start Time \_\_\_\_\_ am/pm End Time \_\_\_\_\_ am/pm  
(Use additional sheet if more than one day)  
Estimated Number of Participants/Spectators \_\_\_\_\_ 0-25 \_\_\_\_\_ 26-50 \_\_\_\_\_ 50 plus (state number)  
Participant Age Range \_\_\_\_\_ Swimming Ability \_\_\_\_\_ Number of Adults \_\_\_\_\_ Adult/Child Ratio \_\_\_\_\_

**APPLICANT INFORMATION:**

Responsible Person- Print name (Must be on site during permit hrs.) \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Organization Name (if applicable) \_\_\_\_\_ Type of Organization \_\_\_\_\_  
Applicant's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**FACILITY REQUESTED:**

<u>Indoor Swimming Pools</u>	<u>Outdoor Swimming Pools</u>	<u>Norfolk Park Beaches</u>
<input type="checkbox"/> Huntersville Pool	<input type="checkbox"/> Chesterfield Pool (currently closed for renovation)	<input type="checkbox"/> Community Beach
<input type="checkbox"/> Southside Pool	<input type="checkbox"/> NFWC Outdoor Pool	<input type="checkbox"/> Ocean View Park Beach
<input type="checkbox"/> Northside Pool		<input type="checkbox"/> Sarah Constant Beach
		<input type="checkbox"/> other (street address) _____

**SWIMMING POOL REQUESTS:**

**Check One**

Does your event involve participants with special needs?	Yes	No
Does your event include land room space?	Yes	No
Does your event require deep water space?	Yes	No
Does your event require shallow water space?	Yes	No
Does your event require lap swimming lanes?	Yes	No
Does your event include use of the wading pool?	Yes	No

- All participants must complete a City of Norfolk Aquatics Participant Information and Release Form before using the swimming pool.
- In the event of thunder or lightening activity, the facility will be closed for 30 minutes from the time of the most recent occurrence.
- In the event of a vomit or fecal incident, the swimming pool will immediately be closed to all participants.

**ALL FACILITY RENTALS:**

- All activity participants must comply with facility rules and policies (please see written copy of facility rules).
- All responsible persons must clean up the areas that are being used (site is subject to inspection by facility staff). This time is included in the time of the scheduled event.
- All events may be monitored by City of Norfolk Staff.
- Under no circumstances will groups be permitted to remain beyond the scheduled rental time.
- Any discrepancy between this application and the actual event will be cause for future denial of facility use and additional fees will be assessed.

**DESCRIBE SECURITY TO BE PROVIDED BY APPLICANT** (attach security contract and insurance certificate upon request)

**THE PERSON(S) TO WHOM A PERMIT IS ISSUED SHALL BE LIABLE FOR ANY LOSS, DAMAGE, OR INJURY SUSTAINED BY ANY PERSON BY REASON OF THE NEGLIGENCE OF THE PERSON OR PERSONS TO WHOM SUCH A PERMIT SHALL HAVE BEEN ISSUED. THE DIRECTOR MAY REQUIRE SUCH PUBLIC LIABILITY INSURANCE AS HE DEEMS TO BE IN THE BEST INTEREST OF THE CITY.**

**I have read the Department of Parks & Recreation Aquatic Facility Rental Regulations, facility rules and agree and accept the terms.**

Applicant's Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

\_\_\_\_\_  
FACILITY MANAGER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DIVISION HEAD

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUPERINTENDENT OF RECREATION & YOUTH SERVICES DATE