

March, 2010

**City of Marysville—2010  
Parks and Recreation**



**We need your help to Open the  
Municipal Pool in 2010!**

**The Municipal Pool must become self supporting and cover its expenses. To achieve this, the Parks Department must have \$100,000 in hand by April 30, 2010. This will be achieved by selling pool passes, swim lessons, and swim team registrations in the months of March and April and by accepting donations through the Union County Foundation.**

- The pool passes will be issued when the pool opens.**
- Specific swim lesson sign-ups will be conducted on opening day.**

**Please note: Opening day will be the following day after the last day of school. Planned opening day is Friday, June 4, 2010**

**New in 2010**

**“Resident Pool Rates” now include if you work in the city**

**Online Payment Option**

**More Pool Rental opportunities!**

**Go to [www.marysvilleohio.org](http://www.marysvilleohio.org)**

**or call Parks and Recreation at 642-0116 for more information.**

## Municipal Pool Information

### Phone Number

937-642-1046

### Opening Day

Friday, June 4, 2010 \*\*

### Closing Day

Sunday, August 22, 2010

### New Hours of Operation

#### Sunday

1:00 p.m.-6:00 p.m.

Monday– Thursday &

#### Saturday

Noon-6pm

#### Friday

Noon-8pm

### Municipal Pool Staff

#### **Morgan Cotter**

Manager

#### **Jackie Underwood**

Assistant Manager

#### **Chris Terzis**

Assistant Manager

Swim Lesson Coordinator

#### **Ann Rausch**

Swim Team Head Coach

### Special Notes

The Pool will be closing at 4:30 p.m. on the Wednesday's of home swim meets. Those dates still to be determined.

#### \*\* Please note:

subject to change if school is extended as a result of make-up days

## Season Pass Sales

New in 2010! You can purchase Pool Passes, Swim Team Registration, and Swim Lessons online or mail the form (with check or money order) to the City of Marysville Public Service Center (7:30–4:00 p.m.) located at 455 North Maple Street. Please use the enclosed registration form or download it from the web site, [www.marysvilleohio.org](http://www.marysvilleohio.org).

**New in 2010, if you live or work in the City of Marysville, you qualify for the resident rates.** Proof of residency or employer is required for all pool pass purchases. **All passes will be issued at the pool during regular hours beginning on June 4, 2010 or the day after last day of school for Students in the Marysville School District.**

**Passes purchased online will be verified for accuracy. If online purchase is not correct, the passes will not be issued until the dollar difference is paid.**

### **Swim Lesson Sign-Ups to be held at the Municipal Pool beginning on opening day, Friday, June 4th (or day after the last day of school for Marysville students).**

Swim lesson sign-ups will be held beginning opening day at Municipal Pool on Friday, June 4 from noon to 6 pm. (or the day after last day of school for Marysville schools).

**Session 1 - June 21, 22, 23, 24, 25, 28, 29, 30, July 1, 2**

Times: (a) 10:30 am– 11:00 am (b) 11:15 am-11:45 am (C) 5:30 pm-6:00 pm

**Session II - July 12, 13, 14, 15, 16, 19, 20, 21, 22, 23**

Times: (a) 10:30 am– 11:00 am (b) 11:15 am-11:45 am (C) 5:30 pm-6:00 pm

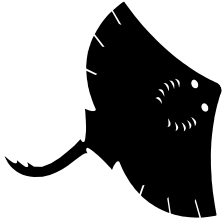
American Red Cross Water Safety Instructors will teach the classes and will be aided by an American Red Cross Lifeguard. Each lesson will be 30 minutes in length.

Classes will be limited to 10 children in each class and there will be no exceptions. We are required by the Red Cross to have a minimum of 8 - 30 minute classes. If 8 classes are not obtained during the session, make up will be scheduled as needed.

Cost is \$35.00 per child if they have a season pass, or \$50.00 per child if they do not have a season pass.

***Please Note: Once you have registered for lessons, there will be no refunds unless a medical excuse is provided by a physician with a diagnosis of the reason for not being able to participate in the lesson session. Cold weather or an uncooperative child are not valid reasons for a refund.***

## Join the Stingrays Swim Team!



The City of Marysville Parks & Recreation Division sponsors a summer recreational swim team for children up to 18 years of age named “The Stingrays”. Participation is open to both resident & non-resident youngsters. This program is designed to be a fun learning experience for swimmers of all ability levels and includes practices with competitive meets during the season. The only requirements for participation are the ability to swim 25 meters and the completion of all paperwork with accompanying fees paid prior to beginning practice. Practices will be held at the Municipal Swimming Pool in the American Legion Park.

Meets are normally held on Wednesday evenings &/or Saturday mornings both at our home pool as well as at several pools in the greater Columbus area.

More detailed information regarding the swim team will be available to families once the pool opens on June 4th, 2010.

The first practice will be the Monday of the first full week the pool is open. Practices will be held on Mondays, Tuesdays, Thursdays, and Fridays from 9:00 -10:30 a.m. for ages 11 and up & 10:30 –11:45 a.m. for ages 10 and under. There will be no practices on Wednesdays, just meets throughout the season.

**All paperwork must be turned in and fees must be paid prior to beginning practice.**

**Cost is \$65.00 per child with a pool pass and \$80.00 per child without a pass.**

**Please note that the Swim Team Booster group may have a fee that is in addition to the city of Marysville’s Registration fee.**

**Make a Tax Deductible Contribution to the opening of the pool:**

**The Union County Foundation**

**126 North Main Street**

**PO Box 608**

**Marysville, Ohio 43040**

**Memo: Pool fund**

***If the pool does not open in 2010,***

***all purchases will be refunded. Tax Deducible Donations will be held by the Union County Foundation and can only be used for the City of Marysville Pool.***

## Pool Admission Regulations

- 1. All persons entering the pool must pay a daily entry fee or show a valid season pass.**
2. Upon payment of the daily entry fee, the purchaser agrees to abide by admission regulations and the pool rules.
- 3. All patrons must sign in as requested by the Union County Health Department.**
4. Season/Family passes and daily admissions are not transferable and may only be used by the person whose name appears on the pass. Passes will be revoked if there is misuse.
5. Season/Family passes include parents and their children under the age of 18. Children 18 through 23 are only included on season passes if they are a full-time student. Proof of student status is to be provided by the parents.
6. When a family pass is purchased, proof of residency is required. A utility bill or check stub will be required for proof of residency.
7. Family passes **do not include grandparents, nannies, baby sitters, cousins, nieces, nephews, grandchildren, or out of town guests.**
- 8. There will be a charge of \$5.00 per pass if lost or stolen.**
9. A **resident lives or works** inside of the City of Marysville corporation limit.
10. Nurses and/or medical caregivers are permitted to be placed on a family pass if documentation is provided with the medical condition.
11. Admission to the pool must be made through the main entrance. Anyone caught falsifying identification or in any way gaining illegal entry, may be prosecuted.
12. Suspension of pool privileges by City personnel does not entitle the person to a refund of fees paid for admission and/or a season pass.
13. At anytime, proof of identification may be requested to verify the name on the season pass.
14. The City of Marysville is not responsible for lost or stolen items.
15. Use of the Municipal Pool is strictly voluntary. The City is not liable for any accidents.
16. Loitering at the entrance or fences outside the pool area will not be permitted.
17. Persons under the influence or suspected to be under the influence of alcohol or drugs shall be denied entry into the pool.
18. All children ages 11 and under must be accompanied by a responsible person who remains in attendance. The responsible person must be in close proximity within the pool gates to those children who are non-swimmers. Parents will be requested to pick up unaccompanied children.
- 19. After any morning activity at the pool, all participants must exit the pool and re-enter under the normal admission procedures. No saving of lounges, etc.**

**The City of Marysville Parks and Recreation Division reserves the right to change or amend the rules or regulations at anytime for the good of the general public.**



# City of Marysville—2010 Municipal Pool Pass Registration

Office Use Only	
Processor's Initials:	_____
Proof of Residency:	_____
Form Signed:	_____
Passes Issued:	_____
Guidelines Issued:	_____

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Ohio Zip \_\_\_\_\_  
 Email \_\_\_\_\_@\_\_\_\_\_  
 Phone # \_\_\_\_\_

Are You a resident of the city with Proof of Residency? **Y N**

**\*\* Only those who live or work in the city limits are considered residents.**

(Marysville mailing address does not always equate residency)

## Season Pool Pass (Children under 5 yrs. do not need a pass)

Print Names for Passes	Pass Number	Relationship	Birthdate of Dependent Children
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____
6 _____	_____	_____	_____
7 _____	_____	_____	_____

## Make Checks Payable To: City of Marysville

Amount

Prices:	Season Passes		Amount	Payment Type
	Resident Family	\$ 172.50 →		
	Non Resident Family	\$ 258.75 →		
	Resident Single	\$ 90.00 →		
	Non Resident Single	\$ 135.00 →		
	Family of Two	\$ 112.50 →		
	Non Resident Family of Two	\$ 168.75 →		
	Resident Senior Single (60+)	\$ 67.50 →		
	Non Resident Senior Single (60+)	\$ 90.00 →		
	Resident Senior Couple (60+)	\$ 90.00 →		
	Non Resident Senior Couple (60+)	\$ 112.50 →		

Total: \_\_\_\_\_

### Release of Claims

I acknowledge that I/we have read and understand the Admission Regulations and Rules of the Marysville Municipal Pool and furthermore, as a participant in this and any program of the City of Marysville Parks and Recreation Division, I/we recognize and acknowledge that there are certain risks and I agree to assume all such risks including any resulting from physical injuries, death, loss of services or consortium, loss or damage to property, or any other loss which I may sustain as a result of participating in any and all activities connected with or associated with such programs.

In consideration of the City of Marysville Parks and Recreation Division accepting me or my child's registration, and with the intent to legally bound, I hereby, for myself, for my child, all heirs, executors, administrators, and assigns, do hereby forever release, waive and relinquish all claims I have or may have as a result of participating in this and all other programs of the City of Marysville Parks. Furthermore, I promise not to sue the City of Marysville and its officers, agents, servants, employees and insurers, from any and all liabilities, claims, demands, actions or causes of action resulting from physical injuries, including death, loss of service or consortium, loss or damage to property, or any other loss to me on account of my participation in this and all other programs of the City of Marysville Parks and Recreation Division. By signing below, I verify and certify that all above is true and accurate. All refunds shall be reviewed and shall be refunded at the discretion of the Superintendent of Parks and Recreation for just cause.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## 2010 City of Marysville Municipal Pool Swim Team and/or Swim Lesson Registration Form

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Ohio Zip \_\_\_\_\_  
 Email \_\_\_\_\_ @ \_\_\_\_\_  
 Phone # \_\_\_\_\_

### Name of Participant

Print Names	Circle Which Applies		Birthdate
1 _____	Swim Team	Swim Lessons	_____
2 _____	Swim Team	Swim Lessons	_____
3 _____	Swim Team	Swim Lessons	_____
4 _____	Swim Team	Swim Lessons	_____
5 _____	Swim Team	Swim Lessons	_____
6 _____	Swim Team	Swim Lessons	_____
7 _____	Swim Team	Swim Lessons	_____

**Make Checks Payable To: City of Marysville**

**Amount**

Prices:		Amount	Payment Type
*Swim Lesson with purchase of Pool Pass	\$ 35.00 →	X \$35=	
Swim Lesson without Purchase Pool Pass	\$ 50.00 →	X \$50=	
*Swim Team with purchase of Pool Pass	\$ 65.00 →	X \$65=	
Swim Team without purchase of Pool Pass	\$ 80.00 →	X \$80=	

\*Must be purchased at the same time.

**Total:** \_\_\_\_\_

**Please note: cold pool water or an uncooperative child will not be cause for a refund; refunds can only be issued for medical injuries preventing participation in the program that the child is registered for.**

#### Release of Claims

I acknowledge that I/we have read and understand the Admission Regulations and Rules of the Marysville Municipal Pool and furthermore, as a participant in this and any program of the City of Marysville Parks and Recreation Division, I/we recognize and acknowledge that there are certain risks and I agree to assume all such risks including any resulting from physical injuries, death, loss of services or consortium, loss or damage to property, or any other loss which I may sustain as a result of participating in any and all activities connected with or associated with such programs.

In consideration of the City of Marysville Parks and Recreation Division accepting me or my child's registration, and with the intent to legally bound, I hereby, for myself, for my child, all heirs, executors, administrators, and assigns, do hereby forever release, waive and relinquish all claims I have or may have as a result of participating in this and all other programs of the City of Marysville Parks. Furthermore, I promise not to sue the City of Marysville and its officers, agents, servants, employees and insurers, from any and all liabilities, claims, demands, actions or causes of action resulting from physical injuries, including death, loss of service or consortium, loss or damage to property, or any other loss to me on account of my participation in this and all other programs of the City of Marysville Parks and Recreation Division. By signing below, I verify and certify that all above is true and accurate. All refunds shall be reviewed and shall be refunded at the discretion of the Superintendent of Parks and Recreation for just cause.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_