Oahe Family YMCA/Aquatic Center
Birthday Party Rental

Name of Adult_____ Phone_____
First Last

Birthday Child Name_____ Rental Date:_____ Time_____

Lobby/Birthday Parties $25.00 for one table for (2hr) Member____ $30.00 Non-member (2hr)____

# of Extra Table(s) $10.00 each_____

Room Rentals $20.00 per hour for Member_____ $25.00 per. hour Non-member_____

Classroom____ or Multi-Purpose Room_____

Expected #of Kids:_____ Expected# of Adults:_____# of Supervisors:_____

Y Staff Member's Initials_____

It is required that there is at least one (1) Supervisor for every 20 participants. All areas used must be properly supervised. For all pool rentals, children six (6) and under must have a supervisor in the water with them. The ratio for children six (6) and under is one(1) Adult to (5) children.

There will be a $25.00(members) and $30.00(non-member) required rental fee for each birthday party rental, which includes the use of 1 table for 2 hours. Each additional table will be $10.00 each.

Rules:

***Clean off the tables and pick up garbage around the party area.**

***Take out the garbage to garbage bins on North side of the building..**

***Sweep the floor in your party area (broom will be provided).**

The contract person is responsible for the conduct of the entire group. Any and all damages cause by the group will be the responsibility of the contact person.

"Hold Harmless" The Oahe Family YMCA and the City of Pierre are not responsible for accidents, illness, injuries or stolen/lost articles that may directly or indirectly results from the use of the facility or program. Each group must waive any and all claims for themselves, their participants, their families and/or heirs that they may have against the Oahe Family YMCA and/ or the City of Pierre, Board of Directors, Commissioners, and any other officials. As the representative (contact person) for the rental group stated above, I further state that the participants are in proper physical condition to participate in the use of these facilities.

_____ _____
Signature of Adult Representative **Date**

Total Cost of Rental:_____

_____ _____
Staff Signature **Date**