KAMEHAMEHA SCHOOLS
AQUATICS ACTIVITIES REQUEST FORM

This form must be used by all Kamehameha Schools groups or approved related activities who plan to make an off-campus swimming or water-related field trip. Requestor must discuss planned activity with the Aquatics Supervisor prior to submission of this form. Lifeguards will be assigned after Aquatics Supervisor, or similarly designated staff determines scheduling availability, site conditions, and other safety issues.

Today’s Date: ________________________________

Requestor: ___________________________________________ Phone: ________________________________

_____________________________/ ________________________________
Title Dept.

E-mail: ________________________________ fax: ________________________________

Group: ___________________________________________ Number involved: ________________________________

Activity: ________________________________

Date: ________________________________ Time: From ________________________________ to ________________________________

Site Requested: ________________________________

Alternate Site: ________________________________

Number of Adult Supervisors: ________________________________

Additional Information: ________________________________

______________________________
Approvals:

Requestor’s Supervisor ________________________________ Date

Aquatics Supervisor, or similarly designated staff ________________________________ Date

Facilities Manager ________________________________ Date

(rev. 11/04)