

Group Name: \_\_\_\_\_ Email: \_\_\_\_\_

Leader Name: \_\_\_\_\_ Leader Phone \_\_\_\_\_

\*\*Total Chaperones: \_\_\_\_\_ Total Children age 3-17: \_\_\_\_\_ Time of Visit: \_\_\_\_\_

*\*\*Please print all Chaperones and Children's names on back or attach a roster*

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Contact not currently at UVAC \_\_\_\_\_ Phone: \_\_\_\_\_

I/we fully understand that there are risks involved when using the facilities at the Upper Valley Aquatic Center. I/we accept full responsibility for use of any and all apparatus, facility privilege or service whatsoever, owned and operated by this center at my own risk and shall hold the Upper Valley Aquatic Center, it's directors, employees, representatives' and agents harmless for any and all loss, claim, injury, damage or liability obtained or incurred by I/us there.

As Group Leader, I verify that there is a signed parental waiver on file for each child present.

Signature of Group Leader: \_\_\_\_\_ Date: \_\_\_\_\_

### Group Satisfaction Survey

Where did you hear about us?

Website/Social Media  Newspaper  Brochure  Walk-In  Friend  Program/Event  Bus  Other \_\_\_\_\_

How quickly did a representative of UVAC contact you regarding your group? \_\_\_\_\_

How was the registration process for setting up your group?  Excellent  Good  Fair  Poor

How would you rate your overall experience at UVAC?  Excellent  Good  Fair  Poor

Would you use an outdoor play space at UVAC?  Yes  No

Please rate the following:

Facilities  Excellent  Good  Fair  Poor

Locker rooms  Excellent  Good  Fair  Poor

Value  Excellent  Good  Fair  Poor

Cleanliness  Excellent  Good  Fair  Poor

Would you like to be contacted regarding your feedback?  Yes  No

How could we improve your experience? Use back if needed \_\_\_\_\_