EXHIBIT I
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: ____________

____________________________________________________________
E-mail: ___________ Title Dept. 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)