

Submission # _____

Health & Fitness Application
Pool/Spa Supplement
(A Copy of this Page is Required for Each Location)

POOL/SPA INFORMATION

Location #: _____

Address: _____

How many of each pool type do you have?

Spa Pool / Jacuzzi / Hot Tub How many? _____

Lap Pool How many? _____ Deepest Area: _____

Recreation Pool How many? _____ Deepest Area: _____

POOL/SPA SAFETY INFORMATION

Is the pool/spa compliant with the Virginia Graeme Baker Pool & Safety Act? No Yes

**If no, your fitness center does not qualify for our program.

Are there lifeguards present during all hours of operation? No Yes

Are pool depths marked? No Yes

Do all pool drains and grates have covers that cannot be removed without using a tool? No Yes

Do any of the pools have a diving board? No Yes

If yes, how high? _____

Are there any slides? No Yes

If yes, what type? Open Enclosed Both

If there are open slides, do they exceed 4 feet? No Yes If yes, how high? _____

If there are enclosed slides, do they exceed 6 feet? No Yes If yes, how high from the top level? _____

Are all pools/spas cleaned daily? No Yes

Are all pool / spa chemicals kept in a dry, ventilated, locked storage area? No Yes

Applicant's Signature: _____

Date: _____