



**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