

I agree to the following operational guidelines:

- Wear face covering when entering pool area
- Practice distancing -stay 6 feet from non-household members
- Time limitations (per your reservation or Site Protocol Monitor schedule)
- Bathroom use only, no showering, no changing in the locker rooms
- No gathering permitted – Arrive, Swim, Towel off, Depart
- Maximum Headcount is 5 in a pool.
- One bench provided per lane or quadrant. Use the bench for removing shoes, leaving items such as bags, etc.
- **Lap swimming.** Limited to one person per lane, use the designated lane per your reservation. All swimmers must stay in center of your lane. Two same house-hold family members may share the same lane.
- **Quadrant swimming.** All swimmers must stay in the center of your quadrant – staying 6’ away from other quadrant. Same house swimmers (2) may share the same quadrant.
- Bring your own equipment. No sharing of equipment (unless a family member)
- Floatation devices OK. NO beach balls, other toys at this time.
- No use of poolside items (lounges, tables, chairs)
- Parents must actively supervise their children; 1 parent per child. Supervising parent may bring chair to sit in while supervising their child. If needed, a child may rest quietly by their parent for a few minutes, then they must either reenter the pool or depart.
- The Cabana is off limits

Temp Check / Health Questions

	Swimmer		Child	
Temp.				
Have you had new onset of fever over 100.0 degrees, persistent cough or shortness of breath in the past 48 hours?	Yes	No	Yes	No
Have you had “close contact” with a person confirmed COVID-19?	Yes	No	Yes	No
Have you had “*close contact” with a person experiencing symptoms of COVID-19?	Yes	No	Yes	No
Do you, or have you had, diarrhea in the last 48 hours?	Yes	No	Yes	No

My signature below represents that I have read, understood, and agree to follow these member guidelines and policies and that my use of the San Rafael Elks Lodge Pool is contingent upon myself, and any and all ancillary family members who are part of my membership, abiding by these policies.

Print Name: _____ Signature: _____

Cell Number: _____ Email Address: _____

** “Close contact” is defined as: household member, intimate partner or caregiver.*