YEAR:

QUALIFIED SWIMMER AGREEMENT FORM

THIS FORM IS INTENDED FOR SEMI-PUBLIC SWIMMING POOL OWNERS/OPERATORS WHO HAVE ALREADY BEEN BEFORE THE BOARD OF HEALTH AND HAVE BEEN GRANTED THEIR INITIAL LIFEGUARD MODIFICATION VARIANCE, ALLOWING 'QUALIFIED SWIMMER(S)' IN LIEU OF THE REQUIREMENT TO EMPLOY FULLY CERTIFIED LIFEGUARDS.

THIS FORM IS REQUIRED FOR RENEWAL OF THE VARIANCE ALLOWING QUALIFIED SWIMMERS.

The following requirements shall be strictly adhered to by the owner/operator of the swimming pool:

- QUALIFIED SWIMMER(S) shall be in constant attendance at the pool site at all times whenever the pool is open.
- <u>CPR CERTIFICATION:</u> The qualified swimmer(s) shall be 16 years of age or older holding a current American Heart Association or American Red Cross CPR certificate with training in child, adult, and pediatric CPR.
- **FAMILIARITY WITH FIRST AID:** The qualified swimmer(s) must demonstrate familiarity with lifesaving equipment, including rescue procedures and administering first aid.
- **GENERAL SWIM TEST REQUIREMENTS:** The owner/operator of the pool shall administer a swimming test for each qualified swimmer to ensure he/she is able to:
 - Swim 2 lengths of pool;
 - Tread water for 5 minutes; and
 - Retrieve an object from the bottom of the pool.
- <u>CERTIFIED POOL OPERATOR:</u> The owner/operator of the swimming pool shall provide the Health Division a copy of the current Certified Pool Operator (CPO) certificate in use.
- <u>LIABILITY INSURANCE:</u> The owner/operator of the swimming pool shall provide the Health Division a copy of the general liability insurance policy of the pool which must name the Town as co-insured in the **amount of** \$1,000,000.

Suggested wording: "Town of Barnstable is additional insured under General Liability with respect to the swimming pool."

INSURANCE CERTIFICATE HOLDER: Town of Barnstable

200 Main Street Hyannis, MA 02601

- <u>SWIMWEAR:</u> All qualified swimmers while on duty shall wear an orange hat or visor with the words "POOL STAFF" in 15 millimeter (5/8 inch) black colored lettering on the front of the hat.
- <u>POOL CAPACITY:</u> The maximum capacity at the swimming pool site is **restricted not to exceed 19 persons**.

I agree to comply with the above requirements and submit the documents listed above (i.e., CPR certificates for qualified swimmers, certified pool operator certificate, and general liability insurance certificate):

Name of Facility	Address
Name (Signature)	Date
Name (Print)	Position Title (i.e. motel owner, certified pool operator)

DATE	TIME IN	NAME OF QUALIFIED POOL SUPERVISOR	TIME OUT	MANAGER'S SIGNATURE