

## RECREATION/COMMUNITY CENTER QUESTIONNAIRE

**Applicants Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

	Yes	No
1. Is there an admission charge or membership fee to use the center?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there any off-premise activities (such as field trips)? If yes, list on separate sheet and give the number per year.	<input type="checkbox"/>	<input type="checkbox"/>
3. Number of off-premise activities per year?	_____	
4. Do you have swimming pool facilities? (If yes, please complete Supplement 10 – Swimming Pools)	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have gym facilities?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have a basketball program?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have a boxing program?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have a weightlifting program?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have a gymnastics program?	<input type="checkbox"/>	<input type="checkbox"/>
a.) Are mats utilized and properly placed?	<input type="checkbox"/>	<input type="checkbox"/>
b.) Do you have trampolines?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have a playground facility? If yes:	<input type="checkbox"/>	<input type="checkbox"/>
a.) Is it fenced?	<input type="checkbox"/>	<input type="checkbox"/>
b.) Is it supervised?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you have daycare/childcare facilities? (If yes, complete Supplement 5 – Child/Day Care)	<input type="checkbox"/>	<input type="checkbox"/>
12. Is there an emergency plan in place for evacuation due to fires, storms, etc.? If yes:	<input type="checkbox"/>	<input type="checkbox"/>
a.) Are there emergency procedures posted?	<input type="checkbox"/>	<input type="checkbox"/>
b.) How often during a year do you have evacuation drills?	_____	
13. Do you have an accident investigation plan in place?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you have an emergency medical plan in place?	<input type="checkbox"/>	<input type="checkbox"/>

	Explanation or Answer
15. Maximum capacity of center	_____
16. The center is open: _____ hours/day; _____ days/week; _____ months	_____
17. Average daily attendance:	_____
18. Age range of attendees:	_____
19. Total number of exits in your center?	_____
a.) How many are emergency exits?	_____
20. Please describe any other activities not previous listed:	