

CITY OF RAPID CITY

300 SIXTH STREET
RAPID CITY, SOUTH DAKOTA 57701



PARKS AND
RECREATION
DEPARTMENT

Jerry W. Cole,
Director
(605) 394-5225

Jeri Lynn
Administrative
Assistant
(605) 394-5225

Lon VanDeusen,
Parks & Cemetery
Manager
(605) 394-5307

Doug Lowe,
Recreation Manager
(605-394-6161

James (JJ) Walraven
Golf Superintendent
(605) 394-4199

Duncan Olney
Aquatic Manager
(605) 394-5223

Parks and Recreation Memo

Date: December 22, 2005

To: Rapid City Council

From: Duncan Olney, Aquatic Division Manager

Subject: Contract Approval for Water Aerobic Instructor Course

Purpose: Have the Council approve and the Mayor and Finance Officer sign a contract for a Water Aerobic Instructor Training

Information: The Swim Center offers over 25 hours a week in water aerobic classes. To keep our instructors certified and to certify new instructor, we request the approval to bring in an instructor to run a certification course.

- 1. We will be able to save travel, lodging and meals cost for all of our instructors if we bring in one instructor instead of sending our five instructors to an out of town location.**
- 2. Certify new instructors to offer more programming at different times.**
- 3. Having the opportunity to learn new techniques and programs to keep our programs on the leading edge.**
- 4. Allow us to bring in people from out of town to see our facility and showcase our city**
- 5. This course was a budgeted item in the Aquatic budget for 2006**

Recommendation: Approve the contract and have the Mayor and Finance Officer sign.



Aquatic & Fitness Professional Association International, Inc

1601 Great Western Dr. M3
Longmont, CO 80501
800.484.9666 code 5939
303.678.9989
FAX 800-878-6450
aquafitpro@aquacert.org
www.aquacert.org

Contract – WORKSHOPS ONLY
This agreement/contract is between the
Aquatic Fitness Professionals Association-International
And
Rapid City Swim Center
(Facility)

1. We, A-PAI, agree to provide the services, as outlined in our responsibilities.
2. We will advertise your facility, and conduct certification and/or workshops that have been requested.
3. We agree to provide a copy of our liability insurance policy, and provide liability waivers for all participants to sign.
You, the host facility, agree to waive ALL facility fees.
You, the host facility, agree to your outlined responsibilities, provided in the hosting information.

President
Cynthia D. Holcomb

A-PAI Tax I.D. # 20-2278875

Date

1. I have read all the host facility responsibilities, I understand that I need to provide transportation for the presenter, adequate pool time and space with a music source, and a lecture area with table and chairs.
2. I understand that a check or credit card information for the amount of \$200.00 needs to be sent in as a retaining fee, WITH THIS CONTRACT.
3. I understand that if we do not help meet the required number of registrations (30 combined for workshops) that our check will be cashed, in order to reimburse the cost of advertising.
4. I understand that if we do help meet the required number of registrations, OUR CHECK WILL BE RETURNED or THE CREDIT CARD NOT CHARGED.
5. I understand that if I cancel the event after advertising has begun, but before a plane ticket has been purchased, the \$200 retainer fee will be cashed to reimburse A-PAI for the losses.
6. I understand that if I cancel the event after the plane fare has been purchased (25 days before the event), I will be charged \$500 to reimburse A-PAI for the losses due to cancellation and the \$200 retainer fee will be processed.

Contact Person

12/10/05

Signature

Date

Representing the host facility:

Scheduled dates of service Jan 20-22 2006

PRINT

Saturday Noon Workshop Core Certification

Your name Duncan R. Olney

Saturday PM Workshop Pre-Post Natal

Host Facility Name Rapid City Swim Center

3. Sunday AM Workshop PowerPlus: Burning Buns...

Facility Address 125 Waterloo St

Sunday Noon Workshop Multidisplinary Deep Water

City Rapid City

Sunday PM Workshop ACT Aq Cross Training for Weigh

State SD

Zip 57701

Facility Phone(605) 394-5223

Facility Fax(605) 394-5226

Contact persons e-mail address

duncan.olney@rcgov.org

Compensation: choose one

1. Earned free workshops and certs XXX

2. 20% off for employees and 5% to club _____

3. 10% to club _____

List airports in your area (city/state)

1. Rapid City

2.

YOU CHOOSE:

1. Friday Workshop Core Certification

2. Saturday AM Workshop Core Certification

Credit Card Information: Name as it appears on

Card _____

Credit Card Number _____

Expiration Date: _____

Billing Statement Zip Code _____

Circle One: Visa AmExp MC Discover

DATED this _____ day of _____, 2006.

CITY OF RAPID CITY

Mayor

ATTEST:

Finance Officer

(SEAL)

AQUATIC & FITNESS PROFESSIONAL
ASSOCIATION INTERNATIONAL, INC.

By: _____

State of South Dakota

County of Pennington

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)SS.
)

ACKNOWLEDGEMENT

On this the _____ day of _____, 2006, before me, the undersigned officer, personally appeared Jim Shaw and James F. Preston, who acknowledged themselves to be the Mayor and Finance Officer, respectively, of the City of Rapid City, a municipal corporation, and that they, as such Mayor and Finance Officer, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing the name of the city of Rapid City by themselves as Mayor and Finance Officer.

IN WITNESS WHEREOF I hereunto set my hand and official seal.

Notary Public

My Commission Expires:

(SEAL)

State of

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)
)

SS.

ACKNOWLEDGEMENT

County of

On this the _____ day of _____, 2006, before me, the undersigned officer, personally appeared _____ who acknowledged himself/herself to be the _____, of AQUATIC & FITNESS PROFESSIONAL ASSOCIATION INTERNATIONAL, INC., and that he/she, as such _____, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing the name of the corporation by himself/herself as _____.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Notary Public

My Commission Expires:

(SEAL)