



Rise Together

355 Martins Lane / Rockville, Maryland 20850 / 240-314-8750 / [www.rockvillemd.gov/swimcenter](http://www.rockvillemd.gov/swimcenter)

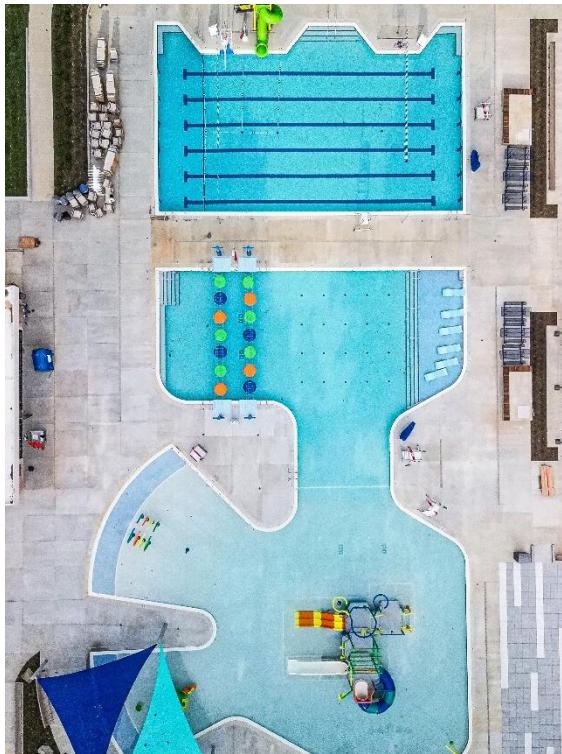
Greetings from the Rockville Swim and Fitness Center,

We truly appreciate camp groups allowing us to be a part of their summer program's swimming experience. We want to thank our returning groups from prior years and give a warm welcome to our new customers. We understand that many camp groups are looking for cost-effective ways for their campers to have some fun in the sun. Our pre-paid admissions are a great way to achieve this, as children's fees are discounted and uniformed, adult staff are free!

We are excited to be accepting reservations for Summer 2026!

Our outdoor complex will include:

- ❖ Outdoor Activity Pool: A free-formed shallow water pool with beach-like entry to ~4ft deep water, interactive in-water play unit complete with slides and sprays, dual lily pad crossings and plenty of space for staying cool and informal play.
- ❖ Outdoor Wellness Pool: Moderate depth pool for recreation swimming with water 4-5ft deep, including an exciting "aqua-zip" feature, in-water basketball hoop and medium sized slide.
- ❖ Water Slides: Two 26ft tall slides (one tube and one open) ending in flume run outs. Note: height requirements apply.
- ❖ Outdoor Fitness Pool: 50-meter fitness pool with a 1-meter and 3-meter diving board and spaces for recreation swim.



The next page has information on pre-paid admission pricing. The final page is the camp agreement form which must be returned before your first day of attendance (for both prepaid and general daily admission groups). Make sure you complete the camp information form on the last page. Please email ([drussell@rockvillemd.gov](mailto:drussell@rockvillemd.gov)) or mail (355 Martins Lane Rockville MD 20850) the enclosed document. Please remember to include either credit card information or submit a check to take advantage of the discount pre-payment program.

Feel free to contact the Rockville Swim and Fitness Center at [drussell@rockvillemd.gov](mailto:drussell@rockvillemd.gov) or (240)-314-8751 with any questions or for additional information about our discounted pre-payment options.

[View next page for pricing](#)



## Rockville Swim and Fitness Center Admission Fees:

Listed below are the admission fees for groups with and without a pre-paid reservation:  
 Recreation Swim Fees (valid 11:00am-8:00pm Monday-Friday during Summer Season)

	Pre-Paid Admission Fee		Daily (not Pre-Paid) Admission Fee	
	City Resident	Non-Resident	City Resident	Non-Resident
<b>Children (1-17)</b>	\$5.50	\$6.50	\$6.00	\$7.00
<b>Adults *</b>	No Charge*	No Charge*	\$7.00	\$8.00
* All active, uniformed, adult staff members are admitted free of charge when utilizing the pre-paid admission program.				

- ❖ Please check out [www.rockvillemd.gov/swimcenter](http://www.rockvillemd.gov/swimcenter) for our most up to date schedule. Generally, when MCPS is not in session the **Outdoor Recreation Areas will be open from 11am-8pm Monday-Friday and 12pm-9pm on weekends.**
- ❖ The address of the Camp/Group's main office defines residency. This associated address must be within the City of Rockville's corporate city limits to qualify for resident pricing. Note that not all Rockville mailing addresses are in the corporate City limits. Check [www.rockvillemd.gov/gis](http://www.rockvillemd.gov/gis) to verify City of Rockville residency.
- ❖ Pre-paid admissions are processed on a first-come, first-serve basis when all paperwork and payment is received. If capacity for pre-paid groups is reached, requesters will be offered an alternate date or denied. Additionally, if a group arrives without a reservation and RSFC management deems the facility to be at or nearing capacity, admission may be denied to the group.
- ❖ A discounted rate will be granted to groups who make pre-payment. Pre-payment is due in full by check or credit card by **June 5<sup>th</sup>, 2026**, or at time of reservation for groups initiating a reservation after June 5<sup>th</sup>, 2026.
- ❖ Changes to the day, time, and total number of swimmers must be submitted via email to the Rockville Swim and Fitness Center **at least two weeks** in advance of the booking.
- ❖ Groups who do not pre-pay are **not** eligible for discounts on the day of their visit. Additional swimmers (above the amount pre-paid) will be charged the daily admission rate at the time of admission. If a group brings less than the number of pre-paid swimmers, surplus pre-paid admissions are not transferable or refundable.
- ❖ Pre-payments are non-transferrable and non-refundable except in the event of facility closure due to weather, where refunds may be issued at the discretion of the City of Rockville. Weather closures are extremely rare.

## Rockville Swim and Fitness Center Rules & Regulations Summary:

(This is not a comprehensive list of all the rules and regulations of the Rockville Swim and Fitness Center. For a complete list of rules & regulations please refer to [www.rockvillemd.gov/swimcenter](http://www.rockvillemd.gov/swimcenter) and posted signage on the premises.)

- ❖ Tables, seating, pavilions, and deck areas **cannot be reserved or held and are available on a first come first serve basis.**
- ❖ Camp groups will check in at the outdoor admissions booth daily. Group leaders are responsible for providing an accurate count of swimmers and staff. After signing in, large groups will enter through the large swinging gate and receive a mandatory orientation the first day of each session. The admission staff will give directions on entrance procedures.
- ❖ Groups must obey the rules and regulations of the Rockville Swim and Fitness Center and to always follow the directions of the staff. Groups are expected to work in conjunction with the facility staff to ensure the safety of their participants. Counselors are expected to be in the water, supervising their campers, as well as throughout the facility (bathhouse, pool deck, snack bar, etc.). Certain amenities may have height requirements, which must be adhered to. Counselors are expected to assist facility staff in enforcing rules and being positive role models.
- ❖ Adequate child to supervisor minimum ratios is required for each camp/group per pertinent State of Maryland regulations (varies by age). In addition to general supervision ratios, each camp/group must provide **1 designated water watcher per 25 swimmers or fraction thereof**. The water watcher(s) are to be at poolside readily available and actively supervising their group as a supplement to the Lifeguards.
- ❖ Staff or participants will not be permitted in the indoor facility to use the indoor facility's pools, bathrooms, hot tub, or fitness room.
- ❖ No food shall be consumed on the pool deck. If your group wishes to have a snack/lunch, you must do so in designated areas. Camp staff should assist in making sure areas are left clean and free of litter.
- ❖ Camp staff are responsible for swim tests of their participants. If you use wristbands to denote swimmers' swimming abilities, then you must supply your own wrist bands. Groups are responsible for informing the Rockville Swim and Fitness Center staff if campers/students have any concerns meeting the physical/medical requirements necessary for participation in this activity.
- ❖ Staff of the Rockville Swim and Fitness Center will check each group/camp to enforce compliance to ratios/regulations. Counselors will wear identifiable clothing and/or visible identification. **Camp Groups must comply with all pertinent State of Maryland Summer Camp Licensing and Supervision Regulations.**
- ❖ We do not issue refunds or re-schedule due to inclement weather if the facility remains open. Facility closure and refunds or re-scheduling is at the sole discretion of the City of Rockville Swim and Fitness Center management. Due to current renovations, select amenities may be limited.
- ❖ All groups must have emergency contact information for their campers / group members. A "travel book" must accompany all groups entering the Rockville Swim and Fitness Center. Failure to comply with this may lead to immediate dismissal from the facility with no refunds permitted.

# Rockville Swim & Fitness Center - Camp Information Form

Camp/Group Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Business Telephone #: \_\_\_\_\_ Emergency Telephone #: \_\_\_\_\_

This group will visit the facility by utilizing (check one):  Prepaid Admission OR  Daily Admission

If pre-paid group, payment to be submitted via:  Check by mail  Credit card (must provide payment information below)

Payment will be arranged by and submitted no later than 6/5/26.

***In order for us to process your camp reservation please include the following information***

Date	Time	Number of Visitors (Participants + Staff) <b>*Staff are free for pre-paid admissions</b>	Date	Time	Number of Visitors (Participants + Staff) <b>*Staff are free for pre-paid admissions</b>
		Participants      Staff			Participants      Staff
	From: _____ To: _____	+		From: _____ To: _____	+
	From: _____ To: _____	+		From: _____ To: _____	+
	From: _____ To: _____	+		From: _____ To: _____	+
	From: _____ To: _____	+		From: _____ To: _____	+
	From: _____ To: _____	+		From: _____ To: _____	+
	From: _____ To: _____	+		From: _____ To: _____	+
	From: _____ To: _____	+		From: _____ To: _____	+

## **\*ATTACH ADDITIONAL SHEETS IF NEEDED\***

I have read and agree to all terms conditions detailed in this packet and facility policies on [www.rockvillemd.gov/swimcenter](http://www.rockvillemd.gov/swimcenter). I understand our group must obey the rules and regulations of the Rockville Swim and Fitness Center and to follow the directions of the staff at all times. I grant permission for a member of the Rockville Swim and Fitness Center Staff to administer emergency medical care or treatment in the event of an emergency/accident. I agree to hold harmless and indemnify the Mayor and Council of Rockville and all of its agents, officers, and employees from any claim, loss, or injury as a result from participation in this activity.

Group Name: \_\_\_\_\_ Contact Person Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment:**

Amount Paid \$ \_\_\_\_\_ Cash [ ] Check # \_\_\_\_\_

[ ] Visa [ ] Master Card Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

**For Office Use Only:**

Processed by: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Total Paid: \$ \_\_\_\_\_

Permit# \_\_\_\_\_



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Rockville MD 20850  
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