

CITY OF WHITEWATER

ARMORY GYM – OPEN GYM USE APPLICATION

(For Requests to Operate Open Gym as Defined by City Policy)

Use this form to request approval to operate Open Gym at the Armory Gym.

Only the Parks & Recreation Department may authorize Open Gym sessions. All requests must comply with the City's Facility Rental & Reservation Policy and the Open Gym Policy.

Submit completed applications to:

Jennifer Jackson

JJackson@whitewater-wi.gov

Whitewater Municipal Building

Applicant Information

Applicant Name (Person Responsible on site):

Jose M. Villegas

Organization/ Group (if Applicable):

Mailing Address:

830 E North St, Whitewater, WI 53190

Phone Number (Cell):

(920) 397-1027

Email Address:

mannyvillegas18@gmail.com

Open Gym Request Details

Requested Start Date: 01/11/2026 Requested End Date: 03/29/2026

Days of Week (check all that apply):

Mon Tue Wed Thu Fri Sat Sun

Start Time: 4:00 PM End Time: 8:00 PM

Frequency:

One-time session

Weekly recurring

Other (explain): _____

Open Gym Purpose & Activity Description

Open Gym is unstructured, drop-in, public recreation time. It cannot include private lessons, team practices, exclusive groups, or paid instruction.

Name of Open Gym (for calendars/marketing):

Indoor Soccer Group

**Describe exactly what activities will occur during Open Gym
(e.g., free play basketball, drop-in volleyball, general recreation):**

Open Gym - Indoor Soccer Session

Court Use: Full Court Half Court Other: _____

Age Group & Public Access (Required)

Primary age group(s) this Open Gym will serve (check all that apply):

- Grades K-5
- Middle School
- High School
- Adults (18+)
- Older Adults (55+)
- All Ages / Family
- Other: _____

Will this Open Gym be fully open to the public within the age group(s) listed above?

- Yes (required for Open Gym approval)
- No (not eligible for Open Gym)

Will any fee be charged to participants?

- No (required for Open Gym approval)
- Yes - Amount: \$_____ (not eligible for Open Gym)

Expected Participation & Supervision

Expected number of participants per session:

Minimum: 50 Maximum: 10

Number of supervising adults on site: 5

On-site supervisor name (if different from applicant):

On-site supervisor cell number:

Required Open Gym Compliance Information

Waiver Requirement

All participants must complete a City-approved waiver before participating.

Who will collect and submit waivers?

Jose M. Villegas

Supervision & Safety Plan

Describe how you will monitor participants, address behavior, and ensure safe, inclusive use of the gym:

I will be there throughout the entire indoor

session to monitor everyone is getting along.

the majority of participants are all friends,

so they will also keep each other accountable.

Cleaning & Facility Care Plan

(Open Gym groups must sweep floors, remove trash, return equipment, and report damages after every session.)

Describe how you will complete required cleaning:

At the end of the session, I will have all

participants clean up after each other, I will

also do a second walk through before leaving.

Equipment & Facility Needs

Equipment you will bring:

soccer balls, soccer nets, pennies

Equipment requested from the City (if available):

Additional set-up needs:

OPEN GYM POLICY ACKNOWLEDGEMENT

By submitting this application, I acknowledge that:

1. I have read and will comply with the City of Whitewater Facility Rental & Reservation Policy and Open Gym Policy.
2. Open Gym must be open to the public, free of charge, and not used for private, invitational, team, or paid activities.
3. I will ensure all participants complete required waivers.
4. I am responsible for supervision, behavior management, and safety.
5. I must clean the gym after every session and report damages immediately.
6. Misrepresentation of Open Gym may result in reclassification, fees, loss of reservation privileges, and/or suspension.
7. The Parks & Recreation Department has full authority to approve, modify, deny, or discontinue Open Gym at any time.

Applicant Signature:



Date: 12/31/25

FOR OFFICE USE ONLY

Application received by:

_____ Date: _____

Open Gym Eligibility Check:

- Open to public
- No fee charged
- Drop-in only
- No private/team/invite-only activities
- Waiver process approved
- Supervision plan approved

Staff Determination:

- Approved – Open Gym
- Denied (reason): _____
- Reclassify as Rental (Group 3 or 4)

Approved Dates/Times:

Approving Staff Signature:

Date/Time: _____