

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):

James Hobart

Organization/ Group (if Applicable):

Morning Basketball

Mailing Address:

401 S. Elizabeth St.
Whitewater, WI 53190

Phone Number (Cell):

(262) 490-9514

Email Address:

jhobart@wwusd.org

Open Gym Request Details

Requested Start Date: _____ Requested End Date: 6/4/2026

Days of Week (check all that apply):

☐ Mon ☒ Tue ☐ Wed ☒ Thu ☐ Fri ☐ Sat ☐ Sun

Start Time: 5:00 am End Time: 7:00 am

Frequency:

☐ One-time session

☒ Weekly recurring

☒ Other (explain): (Twice A week)

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):

Morning Basketball

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

5 on 5 basketball, open to all adults, twice a week (Tuesday + Thursday) mornings.

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: 8 Maximum: 20

Number of supervising adults on site: 4

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

On-site supervisor cell number:

(262) 490-9514

Required Open Gym Compliance Information

Waiver Requirement

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

Who will collect and submit waivers?

James Hobart
Paul Taylor

Supervision & Safety Plan

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

Supervisors will be present and participate in the games.
They will hold all players responsible for their behavior
and sportsmanship at all times.

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:

We will ensure that everything is cleaned up and
that the space looks at least as good as it was
prior to use.

Equipment & Facility Needs

Equipment you will bring:

Basketballs

Equipment requested from the City (if available):

Dry mop for cleaning floor


Additional set-up needs:
Basketball Goals Available

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:

Applicant Signature: 

Date: 1/17/2026

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:

Conditions/Notes:

Approving Staff Signature:

Date/Time: _____