



Initial: _____
Date of purchase: _____
Receipt #: _____
Membership

Family Last Name: _____

Parent and me lessons are for those who are brand new to water or swimming. The child must be 6 months or older. An adult is required to accompany the child in the pool. These will be held as group sessions for 45 minutes on Monday and Wednesday for two consecutive weeks. The cost is \$60 per child.

Please, choose a date:

- _____ June 10th through June 20th
- _____ June 24th through July 4th
- _____ July 8th through July 18th
- _____ July 29th through August 8th

Please, choose a time:

- _____ 10am-10:45am
- _____ 6pm – 6:45pm

Participant Name (s):

Ages:

1. _____

2. _____

****Continued on Back****

Email:	Cell Phone Number:
Address:	Phone Number:
Emergency Contact:	Phone Number:
Any other needed information:	

RELEASE AND WAIVER OF LIABILITY (This is a legal and binding contract.)

“I am aware that accidents can happen around and in a swimming pool, and I or (my child/children/dependents) am voluntarily participating in the activities with knowledge of the dangers involved and hereby accept any and all risks of injury. I have carefully read this release and waiver and fully understand its content. I also understand that if I or (my child/children/dependents) do not follow the rules of the Morehead Family Community Pool and do not act in accordance with the instructions of the managers or lifeguards that I and/or my child(ren) may be asked to leave the premises. I fully understand that the managers have the duty to close the pool early in the event of extreme weather, water quality problems and/or low attendance (less than 12 swimmers) as agents of the SYO board. I am aware that this is a release of liability, including asserted negligence and is a contract between our family (including our guests) and the Sutter Youth Organization and its board members. I am signing this of my own free will. I agree that in the case of an emergency, illness and/or injury that the supervisor on duty has my permission to authorize emergency treatment for my minor age children.

I hereby give my consent to Morehead Family Community pool to photograph, film, videotape and then use, reproduce and publish said images of me and/or my children.”

Date	Printed name of guardian	Signature of guardian