



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

Butte House Road & Acacia Avenue
 Sutter, California

<p>One Month June July August Tuesday – Thursday 7:00 – 8:00pm</p>	<p>Membership _____ \$45.00/month _____ \$126.00/full summer</p> <p>Non-Membership _____ \$50.00/month _____ \$140.00/full summer</p>
--	---

FAMILY NAME: _____

Name (s):

1. _____
2. _____
3. _____
4. _____
5. _____

Ages:

- _____
- _____
- _____
- _____
- _____

Email:	Cell Phone Number:
Address:	Phone Number:
Emergency Contact:	Phone Number:

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.”

Signature of Member

Date