



Initial: \_\_\_\_\_  
 Date of purchase: \_\_\_\_\_  
 Receipt # \_\_\_\_\_

Butte House Road & Acacia Avenue  
 Sutter, California

<p><b>Date</b>                  Tuesday, Thursday, Friday</p> <p><b>Time</b>                  10:00-12:00pm</p> <p>_____ 8-11yrs _____ 12-14 yrs _____ 15-18 yrs</p>	<p>All Summer (June, July, August)</p> <p><b>Membership</b>                  _____ Per Person \$ 135.00</p> <p><b>Non-Membership</b>                  _____ Per Person \$ 150.00</p>
--	--

Last Name: \_\_\_\_\_

Participant Name (s):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Ages:

- \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Signature of Member \_\_\_\_\_

Date \_\_\_\_\_

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 manages 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