

SUTTER YOUTH ORGANIZATION  
 PO BOX 231, SUTTER, CA 95982  
 530-673-9002  
 WWW.SUTTERYOUTH.ORG  
 SUTTERYOUTH@GMAIL.COM



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

## General SYO Membership

**\$35 Per Family\***

\*Family includes those living in the same house.

Some of the many benefits of becoming a member include

- SYO Supporter
- Voting privileges at annual meetings
- *Discount* on pool programs, passes, admissions and pool rentals (Excludes fundraiser events (i.e., Fun in the Sun, Day Camps, etc)
- Wifi Password for POOL

**FAMILY NAME:** \_\_\_\_\_

Name(s):

Ages:

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

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 from the managers or lifeguards that I and or my children may be asked to leave the premises. I fully understand 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" And as a member of the SYO, I further understand and agree to abide by the bylaws of the Sutter Youth Organization and to follow all local rules and ordinances of Sutter County. In addition, as a member of the SYO, I agree to abide by all SYO adopted policies.

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