



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

Butte House Road & Acacia Avenue  
 Sutter, California

<p><b>One Month</b>                  June      July      August                  Mondays and Wednesdays                  7:00 – 8:00pm</p>	<p><b>Membership</b>                  _____ \$45.00/month                  _____ \$126.00/full summer</p> <p><b>Non-Membership</b>                  _____ \$50.00/month                  _____ \$140.00/full summer                  *\$5 per day</p>
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**FAMILY NAME:** \_\_\_\_\_

Name (s):

Ages:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
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Email:	Cell Phone Number:
Address:	Phone Number:
<b>Emergency Contact:</b>	<b>Phone Number:</b>

\*\*Continued on Back\*\*

**\*\*Continued on Back\*\***

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.”

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Signature of Member

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Date