



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

**Family Last Name:** \_\_\_\_\_

Each session is held Monday through Thursday for two consecutive weeks. Fees are per two-week session. Payment and paperwork are due prior to first scheduled lesson.

**Group Session (3-5 children)**

With a Membership - \$72.00/child

Non-Membership - \$80.00/child

**Please, choose dates:**

\_\_\_ June 10<sup>th</sup> through June 20<sup>th</sup>

\_\_\_ June 24<sup>th</sup> through July 4<sup>th</sup>

\_\_\_ July 8<sup>th</sup> through July 18<sup>th</sup>

\_\_\_ July 29<sup>th</sup> through August 8<sup>th</sup>

**Please, choose a time:**

\_\_\_ 11-11:30am      \_\_\_ 6:30-7pm

\_\_\_ 11:30-12pm      \_\_\_ 7-7:30pm

\_\_\_ 12-12:30pm      \_\_\_ 7:30-8pm

\_\_\_ 12:30-1pm

**Private Session (one-on-one)**

With a Membership - \$112.00/child

Non-Membership - \$125.00/child

**Please, choose dates:**

\_\_\_ June 10<sup>th</sup> through June 20<sup>th</sup>

\_\_\_ June 24<sup>th</sup> through July 4<sup>th</sup>

\_\_\_ July 8<sup>th</sup> through July 18<sup>th</sup>

\_\_\_ July 29<sup>th</sup> through August 8<sup>th</sup>

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\_\_\_ 11:30-12pm      \_\_\_ 7-7:30pm

\_\_\_ 12-12:30pm      \_\_\_ 7:30-8pm

\_\_\_ 12:30-1pm

Participant Name (s):

Ages:

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

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

## YOUTH SWIM LESSONS - 2024

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