



Date of purchase: _____
 Receipt # _____
 Initials: _____

Butte House Road & Acacia Avenue
 Sutter, California

<p>General SYO Membership</p> <p>\$35 per family</p> <p>*Family includes those living in the same house.</p>	<ul style="list-style-type: none"> • • SYO supporter • • Voting privileges at annual meetings \$3.00 for admission • • 2 individual activity trial passes of your choice Pool Wifi password • 10% every purchase at the Morehead Family Community Pool (Pool parties, season pass, admission, Jr. Swim etc.) It DOES NOT include fundraiser events (ex. Fun in the Sun, Day Camps, Sutter Buttes Day, etc.)
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FAMILY NAME: _____

Name (s):	Ages:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

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

****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 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