



Butte House Road & Acacia Avenue
Sutter, California

Initial: _____
 Date of purchase: _____
 Receipt #: _____
 Membership #: _____

<p style="text-align: center;">Sessions</p> <p>Monday, Tuesday, Wednesday & Thursday 30 minute sessions</p> <ol style="list-style-type: none"> 1. ____ June 12th-15th & June 19th-22nd 2. ____ June 26th-June 29th & July 3rd-6th 3. ____ July 10th-13th & July 17th-20th 4. ____ July 24th-27th & July 31st-Aug.3rd <p style="text-align: center;">Time</p> <p style="text-align: center;"> ____ AM ____ PM (10:30am-1pm) (6pm-8pm) </p>	<p style="text-align: center;">Group Session (3-5 kids)</p> <p style="text-align: center;">Membership ____\$72.00/child</p> <p style="text-align: center;">Non-Membership ____\$80.00/child</p> <p style="text-align: center;">Private Session (one-on-one)</p> <p style="text-align: center;">Membership ____\$112.00/child</p> <p style="text-align: center;">Non-Membership ____\$125.00/child</p> <p style="text-align: center;">*Payment due first day of session</p>
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Last Name: _____

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

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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 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