



Initial: _____
 Date of purchase: _____
 Receipt # _____

Butte House Road & Acacia Avenue

Sutter, California

- Payment must be received by the first practice

June	July	August
Tuesday – Thursday		
Level 1 Team		
_____ 8am-9am		
_____ 9am-10am		
Level 2 Team		
_____ 8am-9am		
_____ 9am-10am		
Level 3 Team		
_____ 8am-9am		
_____ 9am-10am		
Elite Team		
_____ 8am-10am		
Non-Membership _____ \$ 60/June (June 15th - July 1st) _____ \$ 80/July (July 6th - July 29th) _____ \$ 40/August (Aug. 3rd - Aug 12th) _____ \$ 160/whole summer Membership _____ \$54/month for June _____ \$72/ July _____ \$36/August _____ \$144/whole summer		

Last Name: _____

Participant Name (s): _____ Ages: _____

1. _____

2. _____

3. _____

4. _____

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 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."

Signature of Member

Date

