

Enrolled In Current Session 1-2010

Cuttlefish Enrollment Session II-2010

Parent / Child 6 months – 5 years old
March 9th - April 30th, 2010 (8 weeks)

For Staff only
Day _____
Time _____
Rec.# _____
Computer _____
E mail _____
Called _____

Use the spaces available to mark your class choices with a 1, 2, 3 and so forth in order of preference. Please return the form with payment attached to:

The Janet Pomeroy Center, Attn: Aquatics, 207 Skyline Blvd., SF, CA 94132

Make checks out to: **Janet Pomeroy Center**

In case of questions please call (415) 665-4241

Tuesday (March 9th - April 27th)	10:00-11:00 am _____	60 Minute Class Fee: \$ 120
	11:00-12:00 noon _____	60 Minute Class Fee: \$ 120
	3:45- 4:30 pm _____	45 Minute Class Fee: \$ 100
Wednesday (March 10th - April 28th)	10:00-11:00 am _____	60 Minute Class Fee: \$ 120
	11:00-12:00 noon _____	60 Minute Class Fee: \$ 120
Thursday (March 11th - April 29th)	11:00-12:00 noon _____	60 Minute Class Fee: \$ 120
Friday (March 12th - April 30th)	11:00-12:00 noon _____	60 Minute Class Fee: \$ 120
	12:00 – 1:00pm _____	60 Minute Class Fee: \$ 120
	3:00-3:45 pm _____	45 Minute Class Fee: \$ 100

Child's Name (first & last): _____ Date of Birth: _____

Parent/Guardian's Name: _____

Address: _____ City: _____ Zip: _____

Phone: (H) _____ (cell) _____ (e-mail) _____

Any Special Student Requests: _____

Emergency Contact Information:

Name (of person *not* attending lesson with child): _____

Address: _____ City: _____ Zip: _____

Phone: _____ Cell phone: _____

Please read and sign the following waiver.

(Pool Rules available online @ www.janetpomeroy.org and at the pool.)

Release and Waiver of Liability and Indemnity Agreement

The undersigned hereby acknowledges to have read and understands and agrees to abide by The Janet Pomeroy Center facility rules and regulations. The undersigned further agrees to assume full responsibility, risk of bodily injury, death or property damage and to indemnify, save and hold harmless The Janet Pomeroy Center, its directors, officers, employees, and agents from all liability and claim, cause of action obligation and/or damages arising out of accident, injury or death suffered while using any facility or equipment in, upon, or about the premises of The Janet Pomeroy Center. The undersigned further states that the information provided on this application is complete and updated to the best of his/her knowledge.

Parent/Guardian Signature: _____ Date: _____

The Janet Pomeroy Center
Herbst Swimming Pool
207 Skyline Blvd.
San Francisco, CA 94132

