

Enrolled In Current Session I-2010

# **Rec. Swim Enrollment Session II-2010**

## **Children 6 months to 12 years with an adult**

### **March 10<sup>th</sup> – April 30<sup>th</sup>, 2010 (8 weeks)**

<i>For Staff only</i>
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

**Wednesday (March 10<sup>th</sup> – April 28<sup>th</sup>)**

4:00 - 5:00 pm \_\_\_\_\_

60 Minute Fee

Parent with one child

**\$60**

60 Minute Fee

Parent with two children

**\$100**

**Thursday (March 11<sup>th</sup> – April 29<sup>th</sup>)**

2:00-3:00 pm \_\_\_\_\_

60 Minute Fee

Parent with one child

**\$60**

60 Minute Fee

Parent with two children

**\$100**

**Friday (March 12<sup>th</sup> – April 30<sup>th</sup>)**

1:00 - 2:00 pm \_\_\_\_\_

60 Minute Fee

Parent with one child

**\$60**

60 Minute Fee

Parent with two children

**\$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](http://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

