



Are you enrolled in the current session, V-2022?

- Yes
- No



Sea Otter Swim Enrollment

Session VI – 2022: August 22nd – October 13th, 2022 (8 weeks)

Children 5 years to 12 years old, minimum 44 inches tall

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 to: Pomeroy Recreation & Rehabilitation Center, Attn: Pool, 207 Skyline Blvd., SF, CA 94132.

Scans/images of forms can also be sent to aquatics@prrcsf.org. **Make checks payable to:** PRRC.

If you have any questions, please call 415.665.4241

MONDAY Aug 22 – Oct 10 7 classes (pool closed 9/5)	3:00 - 3:30PM	Level I _____	Level II _____	\$210
	3:30 - 4:00PM	Level I _____	Level III _____	
	4:00 - 4:30PM	FULL		
	4:30 - 5:00PM	FULL		

THURSDAY Aug 25 – Oct 13 8 Classes	3:00 - 3:30PM	Level I _____	Level II _____	\$240
	3:30 - 4:00PM		Level II _____	
	4:00 - 4:30PM	FULL		
	4:30 - 5:00PM	FULL		
	5:00 - 5:30PM		Level III _____	
	5:30 - 6:00PM		Level III _____	

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

Parent/Guardian's Name: _____

Address _____

City _____ State _____ Zip: _____

Phone: (primary/cell) _____ cell phone provider for txt msg alerts _____

Phone: (secondary/home) _____ (e-mail) _____

Any Special Student Requests _____

Emergency Contact Information:
Name (of person not attending lesson with child) _____ Phone _____

Please read and sign the following waiver. (Pool Rules available online @ www.prrcsf.org and at the pool.)

Release and Waiver of Liability and Indemnity Agreement

The undersigned hereby acknowledges they have read and understood, and agreed to abide by, Pomeroy Recreation & Rehabilitation Center [PRRC] 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 PRRC, its directors, officers, employees, and agents from all liabilities and claims, 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 PRRC. 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 _____

FOR STAFF ONLY Day _____ Time _____ Rec.# _____ Scan _____ Called _____