



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

Yes

No



Recreational Swim Enrollment

Session V – 2022: July 13th – August 20th, 2022 (6 weeks)

Children 6 months to 12 years with an adult

Swim Diapers covered by a swimsuit [as needed] are mandatory in our pool

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

Wednesday 6 weeks	July 13th–Aug 17th	3:00 - 4:00PM ____	2 people	\$96
			3 people	\$144 (\$48 for each additional person)
Thursday 6 weeks	July 14th–Aug 18th	2:00 - 3:00PM ____	2 people	\$96
			3 people	\$144 (\$48 for each additional person)
Friday 6 weeks	July 15th–Aug 19th	2:00 - 3:00PM ____	2 people	\$96
			3 people	\$144 (\$48 for each additional person)
Saturday 6 weeks	July 16th–Aug 20th	12pm FULL		

Total # of swimmer: _____

First Child's Name (first & last): _____

Second Child's Name (first & last): _____

Third Child's Name (first & last): _____

Parent/Guardian's Name: _____

Address _____

City _____ State _____ Zip: _____

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

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

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 _____