



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

- Yes  
 No



# Penguin Swim Enrollment

**Session VI – 2022: August 23 – October 15, 2022 (8 weeks)**

**Parent / Child 3 – 6 years old**

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](mailto:aquatics@prrcsf.org). **Make checks payable to:** PRRC.

**If you have any questions, please call 415.665.4241**

<b>TUESDAY</b>	<b>Aug 23rd – Oct 11th</b>	11:00-12:00PM _____	60 Minute Class	<b>\$216</b>
8 classes		3:00 - 3:45PM _____	45 Minute Class	<b>\$200</b>
<b>FRIDAY</b>	<b>Aug 26th – Oct 15th</b>	12:00-1:00PM _____	60 Minute Class	<b>\$216</b>
8 classes		3:45 - 4:30PM <b>FULL</b>	45 Minute Class	<b>\$200</b>
<b>SATURDAY</b>	<b>Aug 27th – Oct 16th</b>	11:00 – 12:00PM <b>FULL</b>	60 Minute Class	<b>\$216</b>
8 classes				

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](http://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 \_\_\_\_\_