



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

Yes

No



# Recreational Swim Enrollment

**Session IV – 2022: June 1st – July 9th, 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](mailto:aquatics@prrcsf.org). **Make checks payable to:** PRRC.

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

<b>Wednesday</b> 6 weeks	<b>June 1st–July 6th</b>	3:00 - 4:00PM ____	2 people	<b>\$96</b>
			3 people	<b>\$144</b> <b>(\$48 for each additional person)</b>
<b>Thursday</b> 6 weeks	<b>June 2nd–July 7th</b>	2:00 - 3:00PM ____	2 people	<b>\$95</b>
			3 people	<b>\$144</b> <b>(\$48 for each additional person)</b>
<b>Friday</b> 6 weeks	<b>June 3rd–July 8th</b>	2:00 - 3:00PM ____	2 people	<b>\$96</b>
			3 people	<b>\$144</b> <b>(\$48 for each additional person)</b>
<b>Saturday</b> 6 weeks	<b>June 4th–July 9th</b>			

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](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 \_\_\_\_\_