

# 2023 POOL, SWIM TEAM & SWIM LESSON REGISTRATION FORM

Pool opens on Saturday, June 10, 2023. Close date to be determined.

For Early Bird Rates: Payment must be received by Friday, May 12, 2023

Name \_\_\_\_\_ Address \_\_\_\_\_ Res. \_\_\_\_\_ Non-Res. \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Emergency # \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**POOL PASS FEES**

	<b>Highland Heights Residents Only*</b>		<b>Mayfield City School District Residents*</b>	<b>Amount Due</b>
	<b>Early Bird</b>	<b>Regular</b>		
	(Payment must be received on or before May 12, 2023)		(Mayfield School District resident or student/immediate family of a Mayfield Village, Mayfield Hts., Gates Mills or Highland Hts. school)	
Daily Pass	n/a	\$ 5.00	\$ 6.00	\$ _____
Senior Citizen (60+) Daily Pass	n/a	\$ 2.00	\$ 2.00	\$ _____
Individual Season Pass	\$ 55.00	\$ 60.00	\$ 110.00	\$ _____
Individual 1/2 Season Pass	n/a	\$ 35.00	n/a	\$ _____
Select: June 10 - July 15 or July 9-Close				
Senior Citizen (60+) Season Pass	n/a	\$ 35.00	n/a	\$ _____
Family Season Pass**	\$125.00	\$ 145.00	\$ 205.00	\$ _____
Family 1/2 Season Pass**	n/a	\$ 80.00	n/a	\$ _____
Select: June 10-July 15 or July 9- Close				
Governess Pass		\$ 70.00		\$ _____
Twelve Time Guest Pass		\$ 50.00		\$ _____
Employee of Highland Hts. Business (Individual)		\$ 75.00		\$ _____
Employee of Highland Hts. Business (Family)		\$ 185.00		\$ _____

\*Proof of residency (Highland Hts. resident) or proof of child attending St. Paschal or other Mayfield City School District area school is required for all pool passes. A photo ID/school ID and a utility bill are acceptable forms of proof. **STRICTLY ENFORCED**

\*\* Family passes include only immediate family members living in the same house.

Family Pool Pass Names: \_\_\_\_\_

**SWIM TEAM:** Boys & Girls up to Age 15 - Resident \$75 (including Mayfield School District) - Non-Resident \$90  
 Boys & Girls age 16 - 18 - Resident/Non-Resident \$50  
 All Swim Team Members must purchase an individual or family season pool pass at resident rate

Name \_\_\_\_\_ Name \_\_\_\_\_ X \$75/\$90 each = \$ \_\_\_\_\_  
 Name \_\_\_\_\_ Name \_\_\_\_\_ X \$50 each (16-18) \$ \_\_\_\_\_

**PARENT/TODDLER SWIM CLASS:** Highland Heights Resident Fee \$40 Non-Resident Fee \$55

Name \_\_\_\_\_ Session I Mon.& Wed. or Tues.& Thurs. (circle one) \$ \_\_\_\_\_  
 Name \_\_\_\_\_ Session II Mon.& Wed. or Tues. & Thurs. (circle one) \$ \_\_\_\_\_

**SWIM LESSONS:** Highland Heights Resident Fee \$55 Non-Resident Fee \$70

**SESSION I - June 19 to July 7 (3 - Week Class - Monday through Thursday)**

Name \_\_\_\_\_ Level \_\_\_\_ Age \_\_\_\_ Time \_\_\_\_ \$ \_\_\_\_\_  
 Name \_\_\_\_\_ Level \_\_\_\_ Age \_\_\_\_ Time \_\_\_\_ \$ \_\_\_\_\_  
 Name \_\_\_\_\_ Level \_\_\_\_ Age \_\_\_\_ Time \_\_\_\_ \$ \_\_\_\_\_

**SESSION II - July 10 to July 28 (3 - Week Class, - Monday through Thursday)**

Name \_\_\_\_\_ Level \_\_\_\_ Age \_\_\_\_ Time \_\_\_\_ \$ \_\_\_\_\_  
 Name \_\_\_\_\_ Level \_\_\_\_ Age \_\_\_\_ Time \_\_\_\_ \$ \_\_\_\_\_  
 Name \_\_\_\_\_ Level \_\_\_\_ Age \_\_\_\_ Time \_\_\_\_ \$ \_\_\_\_\_

**TOTAL FEES DUE (POOL PASS, SWIM TEAM, SWIM CLASS/LESSONS) \$ \_\_\_\_\_**

I agree to participate or have a family member participate in Highland Heights Recreation Programs and acknowledge that such activities present the possibility of injury. I hereby release the City of Highland Heights, its officials and employees, from any and all claims of liability for injuries, medical expenses and other damages and losses, including legal fees that result from participation in said programs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Payment enclosed by: Check or Charge to Credit Card # \_\_\_\_\_ Exp. \_\_\_\_ / \_\_\_\_ Name as it appears on credit card \_\_\_\_\_ CVV# \_\_\_\_\_

\* If paying by credit card, a \$4.00 convenience charge will be added to the total.

Date Paid \_\_\_\_\_ Please Circle: Paid in Cash Paid by Check# \_\_\_\_\_ Paid by Credit Card Total Paid \$ \_\_\_\_\_