



2015 POOL, SWIM TEAM & SWIM LESSON REGISTRATION FORM



Pool opens on Wednesday, June 10, 2015. Close date to be determined.
For Early Bird Rates: Payment must be received by Tuesday, May 12, 2015.

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

POOL PASS FEES

	<u>Highland Hts. Residents Only*</u>		<u>Mayfield City School District Residents*</u>		<u>Amount Due</u>
	<u>Early Bird</u> <small>(Payment must be received on or before May 12, 2015)</small>	<u>Regular</u>			
			<small>(Mayfield School District resident or student/immediate family of a Mayfield Village, Mayfield Hts., Gates Mills or Highland Hts. school)</small>		
Daily Pass	n/a	\$ 5.00	\$ 6.00		\$ _____
Senior Citizen (60+) Daily Pass	n/a	2.00	2.00		\$ _____
Individual Season Pass	\$ 50.00	55.00	100.00		\$ _____
Individual 1/2 Season Pass	n/a	30.00	n/a		\$ _____
Select: June 10-July 23 or July 24-Sept. 6					
Senior Citizen (60+) Season Pass	35.00	35.00	n/a		\$ _____
Family Season Pass**	115.00	135.00	195.00		\$ _____
Family 1/2 Season Pass**	n/a	75.00	n/a		\$ _____
Select: June 10-July 23 or July 24-Sept. 6					
Governess Pass		60.00			\$ _____
Twelve Time Guest Pass		50.00			\$ _____
Employee of Highland Hts. Business (Individual)		75.00			\$ _____
Employee of Highland Hts. Business (Family)		185.00			\$ _____
Deep Water Workout Class		45.00	55.00		\$ _____
			Total Pool Pass Fees		\$ _____

*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 :

SWIM TEAM: Boys & Girls up to Age 15

Resident \$75 (including Mayfield School District) - Non-Resident \$90

All Swim Team Members must purchase an individual or family season pool pass at resident rate - See above.

Name _____	\$ _____
Name _____	\$ _____
Name _____	\$ _____
Name _____	\$ _____
Total Swim Team Fees	\$ _____

SWIM LESSONS:

Highland Heights Residents Fee \$45

Non-Highland Heights Residents Fee \$60

Parent/Toddler Class \$25

Non-Highland Hts. Parent/Toddler Class \$40

SESSION I - June 22 to July 10

(3-Week Class, Monday through Thursday)

Name _____	Level _____	Age _____	Time _____	\$ _____
Name _____	Level _____	Age _____	Time _____	\$ _____
Name _____	Level _____	Age _____	Time _____	\$ _____

SESSION II - July 13 to July 31

(3-Week Class, Monday through Thursday)

Name _____	Level _____	Age _____	Time _____	\$ _____
Name _____	Level _____	Age _____	Time _____	\$ _____
Name _____	Level _____	Age _____	Time _____	\$ _____

Total Swim Lesson Fees \$ _____

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 \$3.00 convenience charge will be added to the total.

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