

# 2010 POOL, SWIM TEAM & SWIM LESSON REGISTRATION

Pool opens on Friday, June 11. Close date to be determined.



Name \_\_\_\_\_ Address \_\_\_\_\_ Res. \_\_\_\_\_ Non-Res. \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Emergency # \_\_\_\_\_

## POOL PASS

### Highland Heights Residents

**Early Bird** thru Apr. 24  
**Regular** Apr. 25 & after

Single Pass	\$ 50	\$ 55
Family Pass	\$110	\$130
Seniors (60+)	\$ 35	\$ 40
Governess		\$ 60
Twelve Visit Guest Pass		\$ 50

(Guests must be accompanied by Highland Heights' resident)

Employees working for Highland Heights Businesses - Individual Pass \$75

Family Pass \$185

### Mayfield City School District Residents

Mayfield Village, Mayfield Hts., Gates Mills  
or proof of child attending St. Paschal Baylon  
or other Mayfield City School District area school

	# of Passes	Amount Paid
Single Pass \$100	_____	\$ _____
Family Pass \$195	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

1/2 Season Pass. Please circle one: June 11-July 17 or July 18-Sept. 6 Fees: Individual \$30\_\_ Family \$65\_\_

FAMILY POOL PASS NAMES: \_\_\_\_\_

Total Pool Fees Paid \$ \_\_\_\_\_

**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 _____	Amount \$ _____
Name _____	Amount \$ _____
Name _____	Amount \$ _____
Name _____	Amount \$ _____

Total Swim Team Fees Paid \$ \_\_\_\_\_

**SWIM LESSONS:** Highland Heights Residents Fee \$45  
Parent/Toddler Class \$25

Non-Highland Heights Residents Fee \$55  
Non-Highland Hts. Parent/Toddler Class \$35

### SESSION I - June 14 to July 9

(4-Week Class, Monday through Thursday)

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

### SESSION II - July 12 to August 6

(4-Week Class, Monday through Thursday)

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

Total Swim Lesson Fees Paid \$ \_\_\_\_\_

**TOTAL FEES PAID:** \$ \_\_\_\_\_

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:** \_\_\_\_\_

Date Paid \_\_\_\_\_ Amount Paid \_\_\_\_\_ Please Circle: Paid in Cash or Paid by Check