



# 2017 POOL, SWIM TEAM & SWIM LESSON REGISTRATION FORM



Pool opens on Thursday, June 1, 2017. Close date to be determined.  
For Early Bird Rates: Payment must be received by Friday, May 5, 2017.

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

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

Email Address: \_\_\_\_\_

## POOL PASS FEES

### Highland Hts. Residents Only\*

Early Bird  
(Payment must be received on or before May 5, 2017)

Regular

### Mayfield City School

District Residents\*  
(Mayfield School District resident or student/immediate family of a Mayfield Village, Mayfield Hts., Gates Mills or Highland Hts. school)

Amount Due

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 6-July 10 or July 11-Close				
Senior Citizen (60+) Season Pass	n/a	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 1-July 7 or July 8-Close				
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		\$ _____

\*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

**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 \$75/90 each = \$ \_\_\_\_\_

**PARENT/TODDLER SWIM CLASS:** Highland Hts. Resident Fee \$30 Non-Resident Fee \$45

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

**SWIM LESSONS:** Highland Hts. Resident Fee \$45 Non-Resident Fee \$60

**SESSION I - June 12 to June 30 (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 \$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 \$ \_\_\_\_\_