



2018 POOL, SWIM TEAM & SWIM LESSON REGISTRATION FORM



Pool opens on Friday, June 1, 2018. Close date to be determined.
For Early Bird Rates: Payment must be received by Friday, May 4, 2018.

Name _____ Address _____ Res. _____ Non-Res. _____

City, State, Zip _____ Home Phone _____ Emergency # _____

Email Address: _____

POOL PASS FEES

Highland Hts. Residents Only*

Mayfield City School

Early Bird
(Payment must be received on or before May 4, 2018)

Regular

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 1-July 7 or July 8-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 11 to June 28 (3-Week Class, Monday through Thursday)

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

SESSION II - July 9 to July 26 (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 \$ _____