



City of Seal Beach Swim Passes 211 8th Street, Seal Beach, CA 90740 Office (562) 431-2527 ext. 1344 Fax (562) 430-3498

Participants Name:			
Address	City	Zip	
Home Phone	Mobile	Phone	
Email:			
16 Swims (\$50) 34 S	wims (\$100) Yo	outh-16 swim (\$32)	Annual (\$255)
Recreation Swim Summe Seal Beach Resident (\$30)		-Resident (\$60)	
REL I hereby agree to indemnify, defend from and against any and all claims, expert witness fees and court costs registering him/her. I understand and can be dangerous to me (or my chil medical treatment. I also give my per activity for advertising purposes for the signature acknowledges that I understand the signature acknowledges the signature acknow	and hold harmless the City of damages, liability, bodily injust in any way arising from my dam familiar with the nature of d) and accept those dangers mission to the City of Seal Beach and acket	ury, death, expenses, and judgmon of (or my child's) participation in of the event or activity and recogn of the event or activity and recogn of the event of the event each to photograph me or my child nowledge I will not receive any co	oyees, agents and volunteers ents, including attorney fees, the program for which I am nize that this event or activity ny permission for emergency d participating in this event or
DATED:	SIGNATURE:		
 During Adult Lap Swim, The Lifeguard is not allo No deck changes; use the Circle pattern is required to better accommodate strains No Diving. The Pool Office is restricted Swimmers must have cut No foul Language; reme 	de by the posted rules and parents may not take their wed to watch your children he changing rooms or restr d if all lanes already have to swimmers being grouped a cted to City of Seal Beach of the the pool is located or reserves the right to revoke	children in pool. or personal property. coms. wo swimmers. Lifeguards may according to speed employees only.	us.
I have read and agree to the a	above rules governing th	e City of Seal Beach Recre	eation Swim.
DATED:	SIGNATURE:		
# ## ## ## M	ETHOD OI MAKE CHECK PAYABLE TO		
CHECK #:CASH			
VISA MASTERCARD (NO DEBIT CARDS) TOTAL CHARGED TO ACCT: \$			
CARD #			EXP. DATE
SIGNATURE		TOTAL CHARGED TO ACC	CT: \$