SALEM SWIM PASS / SWIM LESSONS
AND
SUMMER RECREATION SIGN-UP

www.salemsd.com

FAMILY NAME:	**PASS #:**
MAIL ADDRESS:	**TELEPHONE # 1:**
CITY/ST/ZIP:	**TELEPHONE # 2:**
E-MAIL ADDRESS:	**DAYCARE:**

I represent that I have authority to sign this Permission Form and Release of Liability ("document") on behalf of any/all parents, family members or guardians of my son(s)/daughter(s). By signing this document, I acknowledge that participating in City of Salem's programs and playing baseball, softball or swimming includes risk, is dangerous and may result in injuries, illness or death. **I further acknowledge the nature and risks of concussions; the signs, symptoms, and behaviors consistent with concussions; the need to alert appropriate medical professionals for diagnosis and treatment; and the need to follow proper medical direction and protocols for the treatment and return-to-play after an athlete sustains a concussion.** By signing this document, I am assuming all risk involved with my son participating in City of Salem programs and release City of Salem (including any City of Salem staff or board members) from any/all responsibility and liability for any damages, expenses, injury, illness or death (to specifically include Covid-19) resulting from any involvement with City of Salem programs.

Signature of Parent or Guardian _____ Date _____

Summer Rec Rates	
Age as of January 1, 2025	
6U & 8U - Per Participant	**$50.00**
10U & 12U - Per Participant	**$85.00**
14U & 16U - Per Participant	**$100.00**

Swimming Pool	
Season Pass - Family	**$100.00**
Season Pass - Single	**$50.00**
Punch Pass- 10 Punches	**$35.00**
Daily Pass - Child	**$4.00**
Daily Pass - Adult	**$5.00**
Swimming Lessons -	**$20.00**

CONNECTING KIDS: **KINDERGARTEN- 8TH GRADE**

NAME OF CHILD	AGE	2025-2026 SCHOOL YEAR	List all that apply

PROGRAMS:

Summer Rec – Baseball
Summer Rec – Softball
Swim Lessons

Pool Pass – Family
Pool Pass - Single

UNITED WAY

Parent Signature: _____

Parent Email: _____

OFFICE USE ONLY

DATE: _____ AMOUNT PAID: _____ ☐ CASH ☐ CR CARD CHECK # _____

DATE ENTERED: BATCH: **Check's Payable to: City of Salem**