

EMERGENCY INFORMATION

Name of person(s) to be notified if a family member becomes injured. Please include all relevant numbers. We recommend you give contact information for the all the adults of your home AS WELL AS at least one person outside of your home. Please feel free to include more information. Please list any heath issues (allergies, hearing problems, etc) that the pool staff may find helpful.

Contact 1: _____

Contact 2: _____

Relationship: _____

Relationship: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Contact 3: _____

Contact 4: _____

Relationship: _____

Relationship: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Preferred Doctor 1: _____

Preferred Doctor 2: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Member: _____

Heath issue: _____

Member: _____

Heath issue: _____

Member: _____

Heath issue: _____

Any false information on the pool application is cause for forfeit of membership without refund.

IN THE EVENT OF AN EMERGENCY, I/WE HEREBY GRANT THE WOMELSDORF POOL PERSONNEL PERMISSION TO SECURE MEDICAL ATTENTION FOR MYSELF AND MY DEPENDENTS WITHOUT INVOLVING THE POOL IN ANY LIABILITY.

PARENT(S)/GUARDIAN(S) ARE SIGNING ON BEHALF OF MINOR CHILDREN (this includes everyone listed on my membership).

Signature

Date

Signature

Date

This form must be signed and returned with membership application.