

Adams Town & Country Swimming Pool

Membership Form

(Please Write Legibly)

Last Name: _____ Number of People on the Membership: _____

Please check all people included in the membership. Fill out Parents regardless of whether they are on the membership. Add an emergency contact in case neither parent can be reached.

Father's Name: _____

Address: _____

Email: _____

Work Number: _____ Home Number: _____

Cell Number: _____

Mother's Name: _____

Address: _____

Email: _____

Work Number: _____ Home Number: _____

Cell Number: _____

Children:

Name: _____

Age: _____ Medical Conditions: _____

Name: _____

Age: _____ Medical Conditions: _____

Name: _____

Age: _____ Medical Conditions: _____

Name: _____

Age: _____ Medical Conditions: _____

Emergency Contact Name: _____

Work Phone: _____ Home Number: _____

Cell Number: _____

Any other special circumstances: _____

Family Physician: _____ Phone Number: _____

In the event of an emergency, and I/we cannot be reached, I/we authorize that emergency treatment is to be administered.

Guardian Signature: _____ Date: _____