CROSSPOINTE SWIM & RACQUET, INC.

2010

OWNER MEMBER REGISTRATION & EMERGENCY DATA FORM

MEMBERSHIP IS NOT TRANSFERABLE

Name _____ Home Phone # _____
(Last) (First)

Address _____ Father: Work _____

_____ Mother: Work _____

EMERGENCY CONTACT (Other than parents):

Name _____ **Relationship** _____ **Phone** _____

PLEASE LIST *ALL* ELIGIBLE FAMILY MEMBERS RESIDING IN THE SAME HOUSEHOLD INCLUDING SELF

NAMES (Please Include last name if different from above)	**RELATIONSHIP TO MEMBER**	**DOB** *mm/dd/yy*	**DO YOU HAVE A POOL PHOTO ID** *YES/NO*	**MEDICAL INFORMATION** (Allergies to Bee Sting, Chlorine etc..)
	Self		No	
			No	
			No	
			No	
			No	
			No	
			No	
			No	
			No	
			No	

TOTAL STICKERS NEEDED: _____ (for members with photo IDs only and will be mailed out by May 9)

I certify that above listed names are eligible for Crosspointe pool privileges under Crosspointe Pool Rules. I agree to comply with the Crosspointe Swim & Racquet, Inc. Pool Rules***. I understand that pool privileges will be revoked for the entire family if this document is falsified in order to meet eligibility requirements***. I also understand and agree that the Crosspointe Swim & Racquet, Inc. will not be held responsible for property loss or any type of personal injury whatsoever.

Signed _____ **Date** _____

SIGNATURE REQUIRED ONLY IF APPLICABLE

I give my permission for family members 10 years of age or older to attend the Crosspointe Swim & Racquet, Inc. pools unaccompanied by an adult. I also give permission for emergency medical treatment in the event that I cannot be contacted. I am aware that members are responsible for the conduct of their children who attend the pool unaccompanied by an adult.

Signed _____ **Date** _____

OFFICE USE ONLY:

CHECK # _____ **** **TOTAL FEE RECEIVED $**_____ **PHOTO ID** ____ **TEMPORARY PASS** _____

GUEST PASS _____ **TENNIS KEY** _____ **CHILDCARE PROVIDER PASS** _____ *PROCESSED BY:* _____

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