



## MEMBERSHIP CARD REQUEST FORM

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

- PRINT the names of all permanent household residents who will be using the pool facilities.
- Fill out the Emergency Information Card on the reverse side.
- Infants under one year on May 1st do not need a card.

(Office use only)

**NAME**

**BIRTH DATE (If under 18)**

(Office use only)	NAME	BIRTH DATE (If under 18)



## EMERGENCY INFORMATION CARD

### Parental Work Phone Numbers and/or Local Emergency Contacts

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Please list any special health problems, severe allergies, or allergies to any medications for those requesting membership cards:

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In case of emergency, an effort will be made to notify you immediately. In the event we cannot reach you, we will attempt to contact the people listed above. If no one can be contacted above, is RPHA given permission to take your child to the hospital or doctor. Yes \_\_\_ No \_\_\_

Parent (Please Print) \_\_\_\_\_ Parent Signature \_\_\_\_\_