



MEMBERSHIP CARD REQUEST FORM

ADDRESS _____ ZIP _____

EMAIL _____ PHONE _____

- PRINT the names of all permanent household residents (only) who will be using the pool facilities. For Houseguest and Custodial Caregiver passes contact the business manager. Erika Taranowski 925-980-8767 manager@rpha.info
- Fill out the Emergency Information.
- No admittance without card during open swim. Lost card fee \$10.00 per card.
- Infants under one year on May 1st do not need a card.

NAME	BIRTH DATE (If under 18)

No admittance without card. Lost card fee \$10 . Bad check fee \$40

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:

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 _____