

Please return this form with your WCSC Payment

Due to insurance purposes, this form **MUST** be on file when the pool opens or you may **NOT** enter the facility.



FAMILY MEMBERSHIP FORM

LAST NAME: _____

MEMBERSHIP #: _____

E-MAIL ADDRESS: _____

Please note that your email address will not be displayed on any email communication from the WCSC.

HOME ADDRESS:

PHONES NUMBERS:

Home: _____

Cell: _____

Work: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Physician: _____ Phone: _____

Address: _____

Dentist: _____ Phone: _____

Address: _____

List Medical Problem (allergies, etc., please indicate to whom the problem applies): _____

Family Members (including self)

Family Members Name	Date of Birth	Relationship	Sign-In Guests (Y or N)

BY MY SIGNATURE BELOW, I certify that all members listed on this form as "FAMILY MEMBERS" live at the above address and are members of my immediate family. I, also, understand that Waugh Chapel Swim Club, Board of Directors may require proof of these family relations and I agree to furnish such proof when a request is made by the Waugh Chapel Swim Club Board of Directors.

Date: _____

Signature: _____