

GUEST CONTACT INFORMATION

Name of Guest: _____ DOB: _____ Age: _____ Height: _____

Primary Emergency Contact: _____ Phone: _____

Alternate Emergency Contact: _____ Phone: _____

PARENTAL CONSENT

Even though Turpin Hills Swim & Racquet club is staffed with trained lifeguards at all times, I hereby acknowledge the risks inherent with swimming and state that my child:

Is able to swim: _____ (check box)

Is not able to swim: _____ (check box)

Any child that is not able to swim should not enter the main pool unless under the direct supervision of their parent or guardian or remain in the children's pool.

Parent/Legal Guardian Signature: _____ **Date:** _____

MEDICAL / HOSPITALIZATION INFORMATION

List of Medicines: _____

List of Allergies (including Medications): _____

Other Medical Conditions: _____

CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian of the below named swimmer(s)/ registrant, I hereby give consent for the emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent. I understand that any medical expenses resulting from any illness or injury my child may incur while attending this THSRC program are my responsibility.

Swimmer(s) Name: _____ Date: _____

Parent/Legal Guardian Signature: _____