

# 2011 LAURELWOOD SWIMCLUB MEMBERSHIP INFORMATION

**THIS FORM MUST BE FILLED OUT BY ALL MEMBERS AND RETURNED WITH YOUR PAYMENT**

**FAMILY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**HOME PHONE NUMBER:** \_\_\_\_\_

*It is very important to fill in your email address as this will be the preferred method of communication!*

**FAMILY MEMBER INFO:**

**ADULT #1:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**ADULT #2:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Children:**

**Date of Birth:**

_____	.....	_____
_____	.....	_____
_____	.....	_____
_____	.....	_____
_____	.....	_____
_____	.....	_____
_____	.....	_____
_____	.....	_____

• **Baby-sitters must be at least 15 years of age, and must be registered with the pool manager in advance.**

Baby-sitter information: Name \_\_\_\_\_  
(Where Applicable) Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_

- Occupation is requested for the benefit of Laurelwood Swimming Association only, the Association prefers to give our members the first opportunity to complete work at the pool (completion is optional).
- No one under the age of twelve (12) shall be left at the pool unattended.

**EMERGENCY CONTACTS:**

**Contact #1:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Contact #2:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**If anyone in your family is allergic (i.e., bee stings, medicines, etc.), please list the person's name, allergy type, and what should be done in the event of an allergic reaction.**

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