

CROSSPOINTE SWIM & RACQUET

Pool Registration-2018

Instructions and Information

****IMPORTANT** ABOUT YOUR WEB BROWSER:** The built-in PDF reader in some web browsers lacks the features required to use the button at the bottom of this document. If you open the document and are unable to use it, that is very likely the issue.

Please download a copy of the Adobe Reader at the links below.

PC Users: <http://get.adobe.com/reader/>

MAC Users: <http://www.adobe.com/support/downloads/product.jsp?platform=macintosh&product=10>

If you refuse to use the Adobe Reader, you may typically fill out the document, then use "Ctrl-P" and save as a PDF. Then you may send to cp.admin@verizon.net.

No electronic signature is required for this form.

Simply fill it out, save it on your system, then email it to: cp.admin@verizon.net

If you have questions or need help regarding this form, please do not hesitate to contact us at this link: <http://www.crosspointe.info/profiles.php?uid=2>

CROSSPOINTE SWIM & RACQUET, INC.

OWNER MEMBER REGISTRATION & EMERGENCY DATA FORM -2018

MEMBERSHIP IS NOT TRANSFERABLE

Select One:

Name _____ Home Phone # _____
 (Last) (First)
 Address _____ Father: Work _____
 _____ Mother: Work _____

EMERGENCY CONTACT (Other than parents):

Name _____ Relationship _____ Phone _____

PLEASE LIST ALL ELIGIBLE FAMILY MEMBERS RESIDING IN THE SAME HOUSEHOLD INCLUDING SELF

NAMES (Please Include last name if different from above)	RELATIONSHIP TO MEMBER	DOB <i>mm/dd/yy</i>	DO YOU HAVE A POOL PHOTO ID <i>YES/NO</i>	MEDICAL INFORMATION (Allergies to Bee Sting, Chlorine etc..)
	Self			

TOTAL STICKERS NEEDED: _____ (for members with photo IDs only)

I certify that above listed names are eligible for Crosspointe pool privileges under Crosspointe Pool Rules. I agree to comply with the Crosspointe Swim & Racquet, Inc. Pool Rules. ***I understand that pool privileges will be revoked for the entire family if this document is falsified in order to meet eligibility requirements.*** I also understand and agree that the Crosspointe Swim & Racquet, Inc. will not be held responsible for property loss or any type of personal injury whatsoever.

Signed _____ **Date** _____

SIGNATURE REQUIRED ONLY IF APPLICABLE

I give my permission for family members 10 years of age or older to attend the Crosspointe Swim & Racquet, Inc. pools unaccompanied by an adult. I also give permission for emergency medical treatment in the event that I cannot be contacted. I am aware that members are responsible for the conduct of their children who attend the pool unaccompanied by an adult.

Signed _____ **Date** _____

OFFICE USE ONLY:

CHECK # _____ **** TOTAL FEE RECEIVED \$ _____ PHOTO ID _____ TEMPORARY PASS _____

GUEST PASS _____ TENNIS KEY _____ CHILDCARE PROVIDER PASS _____ PROCESSED BY: _____