Barrington Community Pool Facility
Registration and Emergency Data/Release Form

Name: _____ _____
(Last) (First)

Address: _____

E-Mail: _____

Home Phone: (____)_____ Other Phone Contact (____)_____

Father- Work: (____)_____ Other Phone Contact (____)_____

Mother-Work: (____)_____ Other Phone Contact (____)_____

Family Members

Names	Relationship	*	DOB (if under 25 years)
	spouse		
	son/daughter		
	son/daughter		
	son/daughter		
	son/daughter		
	son/daughter		
	other (list relation)		
	other (list relation)		

Please print clearly **** denotes a Temp-Resident (see Pool Rules)***

Any relevant medical information concerning family members (allergies to bee stings, chlorine, etc.) should be listed below or on back of this form if additional space is needed.

I give my permission for family members 12 years of age or older to attend the Barrington Community Pool unaccompanied by an adult. I give permission for emergency medical treatment in the event that I cannot be contacted.

Physician's Name: _____ Phone: (_____)_____

I understand and agree that the Barrington Community Pool will not be held responsible for property loss or any type of personal injury(ies) whatsoever. I agree to comply with the Barrington Community Pool Rules. I am aware that the parents or guardians are responsible for the conduct of their children who attend the pool unaccompanied by an adult.

Signed: _____ Date: _____

Please fill in the number of stickers and new photo IDs needed here:

No. of Stickers: _____ No. of New Photo IDs (be sure to include photos and names): _____

(Office Use Only)
Membership verified by: _____ Date: _____ Additional guest card: $_____