

Member Child Waiver / Contact form 1 per child under age 18

PLEASE PRINT CLEARLY

Member Child's Name _____ Birth date _____ Age _____ Gender _____
LAST FIRST

Parent / Guardian's Name (self) _____ MEMBER # _____
LAST FIRST

Parent / Guardian's Name (spouse) _____ MEMBER # _____
LAST FIRST

CHECK ALL THAT APPLY:

- My minor child (of any age) is permitted to be at the Club under the supervision of another adult Club member.
- My minor child (who is between the ages of 12 – 17 and is able to swim) is permitted to be at the Club without adult supervision.
- My child (who is between the ages of 14 – 17) is permitted to bring and supervise guests (of any age, so long as they are able to swim), to the Club without adult supervision. I acknowledge that a parent/guardian of that guest must sign the Club's Guest Child Waiver form agreeing to the same, prior to entry.
- In addition to the parents/guardians listed above, my minor child (of any age) may be supervised at the Club by the following sibling member or other member's child (who are between the ages of 14-17):

Member's Name _____ Age _____ MEMBER # _____
LAST FIRST

Member's Name _____ Age _____ MEMBER # _____
LAST FIRST

I certify that the above Members are responsible for my child, and that my child is in good physical health, will follow appropriate rules, and can participate in all of the Fallston Club activities. If I/We cannot be reached in the event of illness, injury, or medical emergency, I/We hereby grant the staff and physicians full power and give consent for any and all emergency medical care including hospitalization and surgery deemed necessary for the health and well-being of my child. I/We also understand that the Fallston Club does not provide medical insurance; therefore I/We are responsible for any and all costs of my child's medical expenses.

I/We, the undersigned, for ourselves, our heir executors and administrators, waive release and forever discharge the Fallston Club and its staff, officers, agents, employees, representatives, successors and assigns from any and all liability, claims, demands, actions and causes of actions whatsoever arising out of or related to any loss, personal injury or property damage that may be sustained or occur while at the Fallston Club. I have read the above and agree to abide by the terms of this policy.

(Print name of Parent/Guardian) (Signature of parent / Guardian) (Date)

Phone of Parent/Guardian _____ Email Address _____

Guest Child Waiver / Contact form 1 per child under age 18

PLEASE PRINT CLEARLY

Guest's Name _____ Birth date _____ Age _____ Gender _____
LAST FIRST

Member's Name _____ Age (if age 14 - 17) _____ MEMBER # _____
LAST FIRST

I certify that the above Member is responsible for my child, and that my child is in good physical health, is able to swim, will follow appropriate rules, and can participate in all of the Fallston Club activities. If I/We cannot be reached in the event of illness, injury, or medical emergency, I/We hereby grant the staff and physicians full power and give consent for any and all emergency medical care including hospitalization and surgery deemed necessary for the health and well-being of my child. I/We also understand that the Fallston Club does not provide medical insurance; therefore I/We are responsible for any and all costs of my child's medical expenses.

I/We, the undersigned, for ourselves, our heir executors and administrators, waive release and forever discharge the Fallston Club and its staff, officers, agents, employees, representatives, successors and assigns from any and all liability, claims, demands, actions and causes of actions whatsoever arising out of or related to any loss, personal injury or property damage that may be sustained or occur while at the Fallston Club. I have read the above and agree to abide by the terms of this policy.

(Print name of Parent/Guardian of guest) (Signature of Parent/Guardian of guest) (Date)

Phone of Parent/Guardian _____ Email Address _____