

Kingsgate 1 & 2 Homeowners' Association

2017 Member Information and Medical Release for Pool Facility

Lot Number _____ Last Name _____

Adult #1

Adult #2

Name _____ Name _____

Phone _____ Phone _____

Address _____ City _____ Zip _____

Home Phone _____ Email _____

Emergency contact if parent/guardian of minor child is unavailable:

Name _____ Phone _____

Adults, please note any allergies or medical conditions

Names of Children	Birthdate mm/dd/yy	Allergies/Medical Conditions	Passed Swim Test
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby give permission to the Kingsgate 1 & 2 Homeowners' Association to make emergency medical decisions until one of the above listed

Member Signature _____ Date _____