

# Kingsgate 1 & 2 Homeowners' Association

## Member Information and Medical Release for Pool Facility

Please complete this form and return with your dues payment or present it to the check-in guard at the pool house. All members must have an up-to-date form on file before using the pool facility.

Lot Number \_\_\_\_\_ Resident Name \_\_\_\_\_

Check here if resident is not the homeowner (e.g. renters)

If Renter please provide Homeowner Name and Phone # \_\_\_\_\_

### Adult Resident #1

### Adult Resident #2

Name \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Email \_\_\_\_\_

If necessary, write information for additional adult residents on back of form

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 KG1&2 Swim Test
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I declare that the above information is complete and accurate. I hereby give permission to the Kingsgate 1 & 2 Homeowners' Association and Pool Staff to make emergency medical decisions until one of the above listed consenting adults is successfully contacted.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_