

*Countryside Community Club Association*

*9151 N. Bald Eagle Ave., Tucson, AZ 85742*

*520-744-4614 Fax: 520-744-0424*

**Parental Consent form for GUEST CHILDREN between 10 and 17**

**GUEST INFORMATION:**

**Child's name (First and last):** \_\_\_\_\_

**Child's Date of Birth:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

I hereby give consent for my child, who is between the age of 10 and 17 years old, to swim at Countryside Community Club while a lifeguard is present and to participate in other recreational activities available at Countryside Community Club. In signing this consent form, I take full responsibility for the actions of my child and assume all risks associated with my child's activities while at Countryside.

I understand that my child will be admitted to the Club as the guest of a child who is a member of Countryside Community Club and will be at the Club without direct adult supervision.

My child has permission to accompany the following child, who is a member of Countryside.

**MEMBER INFORMATION:**

**Child's first and last name:** \_\_\_\_\_

**Child's Address:** \_\_\_\_\_

This consent form is in effective from \_\_\_\_\_ to December 31, 2018.  
(Today's Date)

I understand that this parental consent form must be filled out and on file before my child is allowed entrance into the Club without and adult present. I must also provide a phone number where a responsible adult can be reached at all times in case of an emergency. I hereby consent to any emergency medical treatment reasonably necessary for my child.

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

WORK #: \_\_\_\_\_ CELL #: \_\_\_\_\_

Alternate person we may call in case of emergency: \_\_\_\_\_  
Name Phone Number