

REGISTRATION FORM

Name _____
First Middle Last

Spouse _____
First Middle Last

Address _____
Street

Address _____
Street

Phone _____

Phone _____

Business Phone _____

Business Phone _____

Cell Phone _____

Cell Phone _____

Email Address: _____

Email Address: _____

I am the _____ Property Owner(s) or _____ Renter(s)

In case of emergency, please contact:

Name _____ Phone Number _____

HOUSEHOLD MEMBERS names and birth dates:

Name _____

Date of Birth _____

Name _____

Date of Birth _____

Name _____

Date of Birth _____

Name _____

Date of Birth _____

Name _____

Date of Birth _____

Name _____

Date of Birth _____

Name _____

Date of Birth _____

**I agree to abide by the policies and procedures now in effect for
Countryside Community Club Association or as they may be amended.**

Signature _____

Date _____

Countryside Community Club Association
9151 N. Bald Eagle Ave., Tucson, AZ 85742
520-744-4614 email: countrysidemanager@gmail.com
Parental Consent Form
(For member children between the ages of 10 and 17)

PARENT'S NAME: _____

CHILDREN:

Name: _____ **Date of Birth:** _____

Name: _____ **Date of Birth:** _____

Name: _____ **Date of Birth:** _____

Name: _____ **Date of Birth:** _____

I hereby give consent for my child(ren), who is (are) between the ages of 10 and 17 years old, to swim at Countryside Community Club while a lifeguard is present and to participate in other activities and otherwise take advantage of the facilities and activities available at Countryside Community Club. In signing this consent form, I take full responsibility for the actions of my child(ren) and my child(ren)'s guests and assume all risks associated with my child(ren)'s activities at the Countryside Community Club. I have reviewed the rules and policies of Countryside Community Club with my child(ren). We all agree to abide by all the Countryside Community Club rules and policies.

Please initial one of the following:

_____ My children **DO NOT HAVE MY PERMISSION** to bring guests to the Center.

_____ My children **HAVE MY PERMISSION** to bring guests to the Center. I understand that any guests under the age of 18 must also have a parental consent form on file.

I UNDERSTAND THAT THIS PARENTAL CONSENT FORM MUST BE FILLED OUT AND ON FILE BEFORE MY CHILD(REN) ARE ALLOWED ENTRANCE INTO THE FACILITY WITHOUT A MEMBER ADULT PRESENT. I MUST ALSO PROVIDE A PHONE NUMBER WHERE A RESPONSIBLE ADULT CAN BE REACHED AT ALL TIMES IN AN EMERGENCY. I HEREBY CONSENT TO ANY EMERGENCY MEDICAL TREATMENT REASONABLY NECESSARY FOR MY CHILD(REN).

Parent's Signature: _____ Date: _____

Address: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Alternate Emergency Contact - Name: _____ Phone: _____