

MEMBERSHIP APPLICATION AND MEDICAL INFORMATION

2010

Ridgewood Club of Chapel Hill, Inc.
P.O. Box 2002, Chapel Hill, NC 27515

www.ridgewoodpool.org

- ☒ Returning Family Membership ☒ New Family Membership ☒ Visiting Membership
- ☒ Returning Couple Membership ☒ New Couple Membership
- ☒ Returning Single Membership ☒ New Single Membership

JOINING RIDGEWOOD CLUB

There are three ways to join. Please include this application, dues and fees and

- Mail to the address listed above
- Bring to the pool during operating hours
- Pay on-line via Paypal and email the application to rfs@nc.rr.com

For dues and fees for the current year, or to use Paypal, please go to the web site at www.ridgewoodpool.org and look under the "Pay Dues" tab.

MEDICAL INFORMATION

Please fill out your family information and complete allergies and important medical history for each member of your family (children on back of form). Even if you have no children, please fill out the form. This information is confidential and will be available only to the pool manager and staff in emergency situations.

Adult 1 name	Adult 2 Name
Home phone	Home phone (if different from Adult 1)
Adult 1 Cell or Work Phone	Adult 2 Cell or Work Phone
Adult 1 Email	Adult 2 Email
Home Address	Home Address (if different from Adult 1)
Emergency Contact Name	Phone of Emergency Contact
Adult 1 Allergies:	Adult 2 Allergies:
Adult 1 Important Medical History:	Adult 2 Important Medical History:

I have read the Ridgewood Pool Rules and Policies will abide by them - sign paper or type name if electronic submission

X _____ X _____

Please fill out the back of this form with information about each child in your household. The information that you include will help us better ensure the safety of your children. Please include all allergies: food, contact, or animal. If you do not know of any allergies, please mark NKA on the first line to indicate that you have completed this section. The second section is pertinent medical information. If you feel that there is any information that we should know, please include it here. This would include any information on medications that your child takes regularly, which may affect sensitivity to the outdoors, or their behavior.

Child's Name:		
Age:	Fall Year in School:	Date of Birth:
Allergies:		
Important Medical Information:		

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