

MEMBERSHIP APPLICATION AND MEDICAL INFORMATION

2017

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

www.ridgewoodpool.org

- Returning Family Membership New Family Membership Trial Membership
 Returning Couple Membership New Couple Membership
 Returning Single Membership New Single Membership

If you are a new trial member, please tell us who referred you! _____

Family Information

Please fill out your family information, 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. Medical information is confidential and will be available only to the pool manager and staff in emergency situations.

Adult 1 name	Adult 2 Name
Adult 1 Phone	Adult 2 Phone
Adult 1 Occupation	Adult 2 Occupation
Adult 1 Extra Skills (landscaping, painting, etc.)	Adult 2 Extra Skills (electrical, plumbing, etc.)
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:		

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

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

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