



CROSS CREEK COUNTRY CLUB POOL
UNACCOMPANIED CHILD INFORMATION AND AUTHORIZATION FORM

PLEASE NOTE THAT THIS FORM IS ONLY TO BE USED FOR CHILDREN AGES 12 TO 15. CHILDREN 11 YRS AND YOUNGER MUST ALWAYS BE ACCOMPANIED BY A PARENT OR GUARDIAN.

CHILD'S NAME _____

PICTURE OF CHILD HERE

CHILD'S BIRTHDAY _____

HOME ADDRESS _____

MOTHER'S NAME _____

MOTHER'S CELL # _____

FATHER'S NAME _____

FATHER'S CELL# _____

EMAIL ADDRESS _____

CONTACT IN CASE OF EMERGENCY _____

EMERGENCY CONTACT PH. # _____

ALLERGIES AND ALLERGIES TO MEDICATION _____

MEDICAL CONDITIONS _____

"I, _____, AUTHORIZE CROSS CREEK COUNTRY CLUB AND/OR ITS AGENTS AND EMPLOYEES TO PROVIDE EMERGENCY MEDICAL CARE TO MY MINOR CHILD AS NEEDED. IN ADDITION, I HEREBY RELEASE AND FOREVER DISCHARGE THE CLUB AND ITS OFFICERS, DIRECTORS, EMPLOYEES AND AGENTS FROM ANY LIABILITY, CLAIMS, LOSS, DAMAGES, COST OR OTHER EXPENSE AND WAIVE ANY RIGHT TO SUE ON ANY SUCH CLAIMS ARISING DIRECTLY OR INDIRECTLY DURING SAID CHILD'S PRESENCE ON CLUB PROPERTY."

PARENT SIGNATURE

PRINT NAME

I HAVE RECEIVED AND HAVE READ A COPY OF THE RULES FOR UNACCOMPANIED CHILDREN AT CROSS CREEK COUNTRY CLUB POOL. I AGREE TO ABIDE BY THESE RULES AND UNDERSTAND FAILURE TO DO SO MAY RESULT IN A LOSS OF THE UNACCOMPANIED PRIVILEGE.

PARENT'S SIGNATURE _____

CHILD'S SIGNATURE _____

