

Piedmont Recreation Association Members Health Form

Member Information

Member's Full Name _____

Spouse's Full Name _____

Address _____

Home Phone _____

Member's Work Number _____

Spouse's Work Number _____

Other Numbers (cell/pager) _____

In Case of Emergency Call (other than parent) _____

Children's Information

1. Name _____ Age _____ Sex _____

Please list any medical problems, chronic illnesses, allergies, etc. _____

Date of last Tetanus shot _____

2. Name _____ Age _____ Sex _____

Please list any medical problems, chronic illnesses, allergies, etc. _____

Date of last Tetanus shot _____

3. Name _____ Age _____ Sex _____

Please list any medical problems, chronic illnesses, allergies, etc. _____

Date of last Tetanus shot _____

4. Name _____ Age _____ Sex _____

Please list any medical problems, chronic illnesses, allergies, etc. _____

Date of last Tetanus shot _____

Please list additional information on back.

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Release for Treatment at Huntsville/Crestwood Hospital

I give permission for the staff of Piedmont Recreation Association to seek medical treatment for my child if he/she becomes injured or ill while at Piedmont Pool. I understand that my child will be taken by car or ambulance to Huntsville Hospital/Crestwood Emergency Room for appropriate treatment as directed by the emergency room physician.

Signed _____ Date _____

Parent of Minor Child

My child(ren)

Age 8 or older is (are) capable of swimming the length of the pool and is (are) able to be left unaccompanied by a parent at the pool. I/We understand that the child(ren) understand and will abide by the rules of the pool as stated in the pool rules. I/we can be reached at these numbers (listed above.) We would like to make sure the parent realizes the responsibility of leaving their children at the pool. Your child(ren) must be competent swimmers to be left unattended.