2017 Staycation Registration

Last Name: _____ Primary Phone: _____

Address: _____ _____ _____
(Number and Street) (City) (Zip)

Household Members using this Membership *(Must all live at address above)*

Adult Names (First & Last)	Email	Alternate Phone

Children Names (First & Last)	Date of Birth	Children Names (First & Last)	Date of Birth

Do any listed individuals have allergies or other conditions of which emergency medical personnel should be alerted? **NO** **YES** (list name and details on back)

How did you hear about us? _____

Payment *(skip if already paid)*:

_____ **Staycation ($75)**	Allows all dependent family members living at the same address to use the pool for 14 consecutive days. Begins the day of first sign-in. Limit 1 per family per year.

Release and Indemnity Agreement:

The undersigned, on behalf of themselves and as the parents and/or natural guardians of the minor children for the above stated household:

(1) Consent and authorize the above named household members to participate and engage in activities at Tamarack Swim Club;

(2) Acknowledge that participation in activities at Tamarack Swim Club (TSC) involve risks of personal injury and property damage that may arise while on the grounds of TSC and voluntarily and knowingly assume those risks;

(3) As a condition for the privilege of using the premises, release and agree to indemnify and hold harmless Tamarack Swim Club, its Board of Trustees, officers, employees and agents, both individually and in their representative capacities from any and all liability, claims, actions, demands and judgments arising out of any injuries to themselves, their household members, their minor children and any of the guests of these persons, sustained while participating in any activity at or on the grounds of TSC;

(4) Agree that the above named household members and their guests will abide by the rules and regulations of TSC; and

(5) In the event of a situation requiring medical treatment, I hereby give my consent for any and all medical care and/or dental attention to be administered to the above named minor children until such time as I can be contacted. This permission includes, but is not limited to, the administration of first-aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

X _____ _____
Signature Date
(Adult Household Member Individually and/or Parent/Guardian of Minor Children Listed Above)

This statement must be completed and signed by an adult household member before any household member will be admitted.

Was this Staycation used today (circle one)? YES NO

Accepted at pool by: _____ *Check #/CASH/CREDIT* _____ *Amount:$* _____