

# CROSSPOINTE SWIM & RACQUET

## Pool Registration-2023

### Instructions and Information

**\*\*IMPORTANT\*\* ABOUT YOUR WEB BROWSER:** The built-in PDF reader in some web browsers may lack the features required to use the fields in this document. If you open the document and are unable to use it, that is likely the issue. If so, please download a copy of the Adobe Reader at the links below.

PC Users: <http://get.adobe.com/reader/>

MAC Users: <http://www.adobe.com/support/downloads/product.jsp?platform=macintosh&product=10>

**After filling fill out the document, save it onto your system and send to [cp.admin@verizon.net](mailto:cp.admin@verizon.net).**

No electronic signature is required for this form.

If you have questions or need help regarding this form, please do not hesitate to contact us at this link: <http://www.crosspointe.info/profiles.php?uid=2>

# CROSSPOINTE SWIM & RACQUET, INC.

## 2023 POOL REGISTRATION & EMERGENCY DATA FORM

MEMBERSHIP IS NOT TRANSFERABLE

Name \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(Last) (First)

Address \_\_\_\_\_ Work: \_\_\_\_\_  
# & Street City State Zip Cell: \_\_\_\_\_

EMERGENCY CONTACT (print) Your Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

PLEASE LIST ALL ELIGIBLE FAMILY MEMBERS RESIDING IN THE SAME HOUSEHOLD INCLUDING SELF

NAMES (Please Include last name if different from above)	RELATIONSHIP TO MEMBER	DOB mm/dd/yy List if age 18 & under	Do you have a pool ID with or without a photo (YES/NO)	MEDICAL INFORMATION (Allergies to Bee Sting, Chlorine, etc..)
	Self			

TOTAL STICKERS NEEDED: \_\_\_\_\_ (for members with pool IDs only)

I certify that above listed names are eligible for Crosspointe pool privileges under Crosspointe Pool Rules. I agree to comply with the Crosspointe Swim & Racquet, Inc. Pool Rules. ***I understand that pool privileges will be revoked for the entire family if this document is falsified in order to meet eligibility requirements.*** I also understand and agree that Crosspointe Swim & Racquet, Inc. will not be held responsible for property loss or any type of personal injury whatsoever.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### SIGNATURE REQUIRED ONLY IF APPLICABLE

I give my permission for family members 10 years of age or older to attend the Crosspointe Swim & Racquet, Inc. pools unaccompanied by an adult. I also give permission for emergency medical treatment in the event that I cannot be contacted. I am aware that members are responsible for the conduct of their children who attend the pool unaccompanied by an adult.

Signed \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE: Lease Term: \_\_\_\_\_ to \_\_\_\_\_ Release on file: \_\_\_\_\_

PHOTO ID \_\_\_\_\_ TEMPORARY PASS \_\_\_\_\_ GUEST PASS \_\_\_\_\_ CHILDCARE PROVIDER PASS \_\_\_\_\_