

ORINDA PARK POOL EMERGENCY CONTACT SHEET
Please fill out all information

Stockholder _____

Spouse _____

Address _____

Work Phone _____ Home Phone _____ Other/Cell _____

E-mail address _____

Membership Type: Family Senior Family Single Senior Single

Family: Please list all names, including certificate holder. Any other individuals accompanying you to the pool will be required to pay \$3.00 guest fee. Family members must reside in the family home with exception of college age children.

AuPairs: Please include names of AuPair/Nanny/Babysitter. There is an additional \$100 fee for child care providers. Any one accompanying your child to the pool must be registered on the emergency contact form.

Guests are not allowed to use the pool facilities without an adult member sponsor present.

Name	Age	Birthdate	Name	Age	Birthdate
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

Waiver and Release of Liability:

I understand that my use of Orinda Park Pool carries with it a potential risk of injury. On behalf of myself and my heirs, dependents, and next of kin, I hereby release, discharge, and hold harmless, Orinda Park Pool Inc., a California non-profit corporation, its officers, governors, agents, and employees from any and all claims that I might later have as a result of my use of Orinda Park Pool.

Certificate Holder's Signature _____ Date _____

In case of emergency, notify:

Doctor's Name _____ Phone _____

In case of minor problem when OPP is unable to contact me, notify:

Name of Friend/Relative _____

Address _____ Phone _____

In an emergency when I cannot be reached and our family physician is not available, I give my permission to use the closest medical personnel available.

Certificate Holder's Signature _____ Date _____

Please inform the Membership Chair of the Board of Directors of any changes to above information during the season.