



# GREENWYCHE CLUB, INC. HEALTH FORM - 2023

MEMBER'S LAST NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMERGENCY CONTACT - NAME & CELL: \_\_\_\_\_

Please complete the following for children residing in your home:

**CHILDREN'S INFORMATION \*\***      \*\*Please list any additional information on back.

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

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

2. Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

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

3. Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

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

4. Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

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

**COVID-19 Agreement:** *We will monitor our family for symptoms of COVID-19 and fever. We will not enter the pool grounds if anyone is exhibiting symptoms and is running a fever. We understand the transmission of COVID-19 could (potentially) take place at Greenwyche and hold the organization harmless.*

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

### Release for treatment at Huntsville Hospital

I give my permission for the staff at Greenwyche Club, Inc. to seek medical treatment for my child if he/she becomes injured or ill while at Greenwyche. I understand that my child will be taken by car or ambulance to Huntsville Hospital Emergency Room for appropriate treatment as directed by the emergency room physician. I fully understand the risks associated with using the pool and its facilities and I release the pool staff, lifeguards, and Board Members from liability should injury occur.

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

**My child(ren),** \_\_\_\_\_ age 10 and 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 and social distancing guidelines. I/we can be reached at these numbers (listed above). I understand violation of pool rules may result in being asked to come pick up my child(ren).

Parent of Minor Signature: \_\_\_\_\_ Date: \_\_\_\_\_