



Greenwyche Club, Inc. Health Form – 2019

Member's Full Name: _____

Address: _____ Home Phone: _____

Mother's Name: _____ Work Number: _____ Cell: _____

Father's Name: _____ Work Number: _____ Cell: _____

Other Phone Numbers: _____ Email Address (es): _____

In Case of Emergency (other than parent): _____

CHILDREN'S INFORMATION

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.

Please list additional information on back.

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.

Signed: _____ Date: _____

Parent of Minor

My child(ren) _____, age 8

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. I/we can be reached at these numbers (listed above).

Signed: _____ Date: _____

Parent of Minor