

**Country Club of Culpeper
Pool Information Form
2020 Summer Pool Season**

Member Name: _____

Member Spouse Name: _____

Member Number: _____ Email: _____

Phone: Home- _____ Cell- _____ Other- _____

Membership Category: ___ Full Equity ___ Athletic ___ Pool-Social ___ Non-Resident

Emergency Contact: _____

Dependents: (Children age 25 and under and living at home or attending school on a full-time basis.)

Name: _____ Age: _____ Swim Level: Beginner, Middle, Advanced

Day care provider: _____ Age: _____

*Day care provider must be at least 16 years of age.

Grandchildren: Grandparents must sign in all grandchildren and must accompany any child under the age of 12.

Name: _____ Age: _____ Swim Level: Beginner, Middle, Advanced

Any allergies, medical conditions, etc. for any family member that lifeguards should be aware of?

I have read and understand the 2020 Pool Rules and will, to the best of my ability, make sure all parties that utilize the pool under my membership will abide by these rules.

Member Signature

Date