

Dues must be current, and this form must be completed and returned prior to use of pool by any member of your family. You may also submit directly to the Pool Manager on your first visit to the pool this season.

**Winston Manor Pool
2024 Registration Form**

Mail to: Winston Manor Homeowners' Association, Inc.
P.O. Box 812
Hudson, Ohio 44236
Attention: Pool Manager

Family Last Name:
Address:
Phone:
Parent/Guardian Name:
Parent/Guardian Phone:
Add'l Parent/Guardian Name:
Add'l Parent/Guardian Phone:

If applicable:
Caregiver Name:
Caregiver Phone:

Child Name:	Age	DOB

Emergency Contact:

Name:
Phone:

Medical Information:

Insurance Carrier:
Policy Number:

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List any medical conditions that you wish the pool staff to be aware of in case of an emergency:

PLEASE SIGN ONE OF THE FOLLOWING STATEMENTS:

In the event that reasonable attempts to reach parents or guardians at the phone numbers listed previously have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by:

Preferred Doctor:	Phone:
Preferred Dentist:	Phone:

or by any other licensed physician. I also consent to the transfer of my child to the nearest appropriate hospital or emergency facility. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for the surgery, are obtained prior to performance of surgery.

Parent/Guardian Signature: _____ Date: _____

OR

I DO NOT GIVE MY CONSENT for the administration of emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the authorities to take no action or to (specify) _____

Parent/Guardian Signature: _____ Date: _____