

GREENWOOD PARK BELLS LAKE COMMUNITY CLUB

PARENTAL CONSENT FORM

I/we the undersigned, parent(s) or guardian(s) of the below named child(ren) give consent for my child to be at Greenwood Park Bells Lake Community Club under the direction and supervision of the staff. I am aware that as a member of the pool, I will be held responsible for my child's actions and any damages that may be incurred by my child. I UNDERSTAND IF MY CHILD IS UNRULY, THIS PRIVILEGE MAY BE REVOKED AT THE DISCRETION OF THE POOL MANAGER.

I understand that in the event of a medical emergency, every effort will be made to contact me at the phone number listed below. In an emergency requiring medical care and treatment, I hereby authorize any physician, hospital, or other healthcare provider to give such care to this child. I also hereby give permission for the transport to/from a doctor and/or hospital by a staff member or ambulance. I do hereby release, discharge, and hold harmless GPBLCC, its employees and BOD from any and all liability and claim either we or our child may suffer as a result of these requests for emergency treatment.

PARENT/GUARDIAN PRINTED NAME:	
PARENT/GUARDIAN SIGNATURE:	
PARENT/GUARDIAN CELL #:	
EMERGENCY CONTACT NAME/CELL #	

Childs Name:		Birthdate:	/	/
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