

**CHATMOSS COUNTRY CLUB POOL
UNACCOMPANIED CHILD INFORMATION AND AUTHORIZATION FORM**

CHILD'S
PHOTO

Child's Name _____

Home Address _____

Home Phone _____

Child's Date of Birth/Age _____

Mother's Name _____

Mother's Work Phone Number _____

Father's Name _____

Father's Work Phone Number _____

Contact in case of emergency _____

Emergency Contact Phone Number _____

Allergies to Medication _____

Medical Conditions _____

"I _____ authorize Chatmoss Country Club (the "Club") and/or its agents and employees to provide emergency medical care to my minor child as needed. In addition, I hereby release and forever discharge the Club and its officers, directors, employees and agents from any liability, claim, loss, damages, cost, or other expense, and waive any right to sue on any such claims arising directly or indirectly during said child's presence on Club property."

Parent's Signature

I have received and have read a copy of the rules for unaccompanied children at the Chatmoss Country Club Pool. I agree to abide by these rules and understand failure to do so may result in a loss of the unaccompanied privilege.

Parent's Signature

Child's Signature