

Please fill in this form completely. You may tab between fields. When you're done you can use the buttons at the bottom to PRINT the form for your records and then we ask you to select SUBMIT to send it to us electronically. Thanks!

Sun-N-Fun Pool Member Information UPDATED 2009

This form will be used to create a current database of Sun-N-Fun Members, as well as kept on file in the pool concession stand in case of an emergency.

MEMBER INFORMATION SUN-N-FUN, INC. (Voluntary information - next to each member(s) name -please note if there are any medical conditions that Sun N Fun should be aware of such as diabetes, asthma, seizures, allergies (bees/food/medication), rare blood type, bleeding disorders or any other medical conditions. This information is private & confidential and will not be shared with any unauthorized personnel or members. .

Name: _____ Spouse: _____

Child Members (children under 18 - must be living at home to be included on membership)

Name: _____ Age: _____ DOB: _____

Name: _____ Age: _____ DOB: _____

Name: _____ Age: _____ DOB: _____

Name: _____ Age: _____ DOB: _____

Name: _____ Age: _____ DOB: _____

Address: _____

City: _____ State: Missouri Zip Code: _____

MEMBER CONTACT INFORMATION : Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell: _____ Cell: _____

Email: _____ Email: _____

EMERGENCY CONTACTS IF UNABLE TO REACH PARENTS AT THE ABOVE NUMBERS:

Phone number(s) Name & Relationship for each number listed:

Name/Relation: _____ Phone: _____

Name/Relation: _____ Phone: _____

PHYSICIAN: _____ Phone: _____

In the event of an emergency Sun N Fun Inc will contact Randolph County Ambulance Dist. & all accidents will be sent to Moberly Regional Medical Center unless parents are on the scene and direct otherwise.