

Parental / Medical Release

Today's Date: _____

The individual(s) listed below have demonstrated to the aquatic staff that they can successfully pass "the swim test" (25yd. crawl and 60 sec. of treading water) and has my/our permission to be admitted to the Ashley Plantation Country Club pool. It is my/our understanding that only the child(ren) listed below may be admitted into the pool area without the company of a parent or parent-authorized person (age 16 or above) who swims. I/we understand that our child may not have guests under the age of 13 while using this privilege form.

I/we understand that the aquatic staff has full authority to correct the behavior of my/our child and that this waiver may be revoked by the Club Manager at any time.

Child's Name _____ DOB _____

Child's Name _____ DOB _____

Child's Name _____ DOB _____

Child's Name _____ DOB _____

The above listed children are physically fit and may receive emergency medical care if necessary.

Parent / Guardian Signature: _____

Family Doctor: _____

I have witnessed the above individual(s) successfully complete the APCC "swim test"

APCC Aquatic Staff Signature: _____

CONTACT PHONE NUMBER FOR BOTH PARENTS OR GUARDIANS:

MOTHER: _____ Work: _____ Home/Cell: _____

FATHER: _____ Work: _____ Home/Cell: _____

ALTERNATE ADULT TO NOTIFY IN CASE OF EMERGENCY:

NAME: _____ Work: _____ Home/Cell: _____