

Countryside Community Club Association

9151 N. Bald Eagle Ave., Tucson, AZ 85742

520-744-4614 Fax: 520-7440424

Parental Consent Form

(For member children between the ages of 10 and 17)

PARENT'S NAME: _____

CHILDREN:

Name: _____ **Date of Birth:** _____

Name: _____ **Date of Birth:** _____

Name: _____ **Date of Birth:** _____

Name: _____ **Date of Birth:** _____

I hereby give consent for my child(ren), who is (are) between the ages of 10 and 17 years old, to swim at Countryside Community Club while a lifeguard is present and to participate in other activities and otherwise take advantage of the facilities and activities available at Countryside Community Club. In signing this consent form, I take full responsibility for the actions of my child(ren) and my child(ren)'s guests and assume all risks associated with my child(ren)'s activities at the Countryside Community Club. I have reviewed the rules and policies of Countryside Community Club with my child(ren). We all agree to abide by all the Countryside Community Club rules and policies.

Please initial one of the following:

_____ My child(ren) **DO NOT HAVE MY PERMISSION** to bring guests to the Center.

_____ My child(ren) **HAVE MY PERMISSION** to bring guests to the Center. I understand that any guests under the age of 18 must also have a parental consent form on file.

I UNDERSTAND THAT THIS PARENTAL CONSENT FORM MUST BE FILLED OUT AND ON FILE BEFORE MY CHILD(REN) ARE ALLOWED ENTRANCE INTO THE FACILITY WITHOUT A MEMBER ADULT PRESENT. I MUST ALSO PROVIDE A PHONE NUMBER WHERE A RESPONSIBLE ADULT CAN BE REACHED AT ALL TIMES IN AN EMERGENCY. I HEREBY CONSENT TO ANY EMERGENCY MEDICAL TREATMENT REASONABLY NECESSARY FOR MY CHILD(REN).

Parent's Signature: _____ Date: _____

Address: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Alternate Emergency Contact - Name: _____ Phone: _____