

**MADISON COMMUNITY POOL  
2017 PARENTAL CONSENT FORM**

(For Individual Members not part of a Family Membership who are 15 – 18 years of age)

Individual Member's Name: \_\_\_\_\_ Age: \_\_\_\_\_

**As the Parent or Legal Guardian of the above named Individual Member:**

- I understand that I am responsible for the behavior of my child while he/she is at the Madison Community Pool.
- I understand that my child may bring guests over the age of 13 to the Madison Community Pool, but that a permission form is required to be signed by myself or the parent of the guest ensuring that an adult is aware of the guest's presence at the pool and assumes responsibility for the behavior of the guest.
- I understand that my child must abide by all Rules and Regulations of the pool and may be subject to discipline, including loss of membership, if the rules are not followed.
- I give my child permission to be at the Madison Community Pool by himself/herself. I understand that once my child leaves the pool complex, I absolve the Madison Community Pool from all liabilities for my child.
- I understand that my child is an individual member of the Madison Community Pool, but because he/she is under 18, he/she holds no voting rights and is not eligible to join the Board of Trustees.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Emergency Contact Information:**

Father's Work Number or Cell: \_\_\_\_\_

Mother's Work Number or Cell: \_\_\_\_\_

Neighbor or Other Number: \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Telephone of Physician: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Important Medical Information: \_\_\_\_\_