

McComb Local Pool Membership Application

Membership # _____ Family NRF Group Single NRS

Applicant Information

Name _____
Phone _____ Alt. Phone _____
Current Address _____
City _____ State _____ Zip Code _____

Emergency Contact

Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____

Member Information-

Please list any medical conditions or allergies and the procedures for treatment/medication.

Name _____ Age _____
Medical Info _____

Name _____ Age _____
Medical Info _____

Name _____ Age _____
Medical Info _____

Name _____ Age _____
Medical Info _____

Name _____ Age _____
Medical Info _____

Name _____ Age _____
Medical Info _____

Name _____ Age _____
Medical Info _____

Name _____ Age _____
Medical Info _____

I _____ hereby agree to discharge and hold harmless the association, offices, employees, and members of McComb Local Pool from losses and damages that may occur to personal property. I understand that this is a public swimming facility and the personal safety of all patrons is wanted and protected by all pool employees. Therefore, I agree to follow the rules of the facility and the recommendations made by McComb Pool lifeguards and managers.

Signature of Applicant _____

Date _____

*Please note that the signature above ensures the cooperation of all members listed on this application.