

Unaccompanied Minor Permission

Please complete a form for each child, ages 9 to 16, prior to allowing them to come to the pool unaccompanied
*Children **8 years of age and younger** must be accompanied by a responsible adult at all times*

CHILD'S NAME: (please print)

Child's Name

Date of birth

I have received and read the SORA General Rules and understand them. I will obey the rules and lifeguards at all times.

Minor Child's Signature

Date

MEMBER'S NAME: (please print)

First Name(s) Last Name Home Phone

Mailing Address City/State Zip Code

Please contact in the order listed:

_____ Name	_____ Relationship	_____ Home Phone	_____ Mobile Phone/Pager Number
_____ Name	_____ Relationship	_____ Home Phone	_____ Mobile Phone/Pager Number
_____ Name	_____ Relationship	_____ Home Phone	_____ Mobile Phone/Pager Number
_____ Name	_____ Relationship	_____ Home Phone	_____ Mobile Phone/Pager Number

Should an unaccompanied minor receive three (3) written disciplinary warnings, their privilege of being at the pool without an adult will be revoked and they must be accompanied by an adult SORA member for the remainder of the season. **Continued discipline problems may result in forfeiture of family membership and dues.** I have read the SORA General Rules and understand the requirements for my child entering the facility unaccompanied. I hereby grant permission for the above listed child to be at the pool unaccompanied.

Parent's Signature

Date

EMERGENCY MEDICAL INFORMATION AND RELEASE FORM

Name of Minor Child (Please Print)

I authorize Shadow Oaks Recreational Association staff to consent to medical treatment of above minor when I cannot be contacted, such medical treatment to include, without limitation, x-ray examination, anesthetic, medical or surgical examination or treatment and general hospital care. No prior determination of life-threatening emergency or danger of serious or permanent injury resulting from delay or treatment need be made under this authorization.

I SPECIFICALLY CERTIFY AND AGREE THAT:

Except as indicated at the end of this paragraph, this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to proved authority and power on the part of the staff to give specific consent on any and all such examinations, treatment or hospital care. EXCEPTIONS _____

The possession of the original of this authorization by the staff is evident that he/she has care and control of such minor and that I cannot be contacted.

I will indemnify and hold harmless from any expense or claims of any nature and entity which provides or causes to be provided of third party benefits or otherwise, full and complete payment for such examination, treatment or hospital car.

I am the person having the power to consent to medical treatment of such minor.

Parent Signature

Date