



# FOREST PARK COUNTRY CLUB

PO Box 4106  
Martinsville, VA 24115

## Application For 2017 Pool Membership

(Membership is offered only by invitation of current members,  
and subject to a credit check and approval by the Board of Directors.)

**Applicant's Name:** \_\_\_\_\_

**Primary Residence Address:** \_\_\_\_\_

**Telephone Number(s) Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Employer & Occupation:** \_\_\_\_\_

**Name of Spouse/Significant Other residing at Applicant's primary address:**

\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Employer & Occupation:** \_\_\_\_\_

**Children or legal wards of the applicant  
living at applicant's primary address:**

**Date of Birth:**

_____	_____
_____	_____
_____	_____
_____	_____

An "Unaccompanied Child Information & Authorization Form" should be completed and filed for all children and guests under the age of 18 using the pool facilities without a parent or legal guardian present.

**I am applying for the following Pool Membership:**

**Family Pool Membership:**

includes spouse or significant other, unmarried children or legal wards of the applicant under the age of 21, and unmarried full-time students under the age of 23, all living at applicant's primary residence.

**Individual Pool Membership:**

includes applicant only.

A membership fee is to be paid at the time of application, which, if approved, will secure a Pool Membership from Memorial Day through Labor Day, 2017. Pool Membership does not include Club House or Golf privileges.

<b><u>Membership Fees:</u></b>	<b><u>Family</u></b>	<b><u>Individual</u></b>
<b>Application received before Apr 30.....</b>	<b>\$300</b>	<b>\$150</b>
<b>Application received May 1 - July 6.....</b>	<b>\$325</b>	<b>\$175</b>
<b>Application received July 7- July 20.....</b>	<b>\$180</b>	<b>\$ 90</b>
<b>Application received July 21 - Aug 3.....</b>	<b>\$140</b>	<b>\$ 70</b>
<b>Application received Aug 4 - Aug17.....</b>	<b>\$100</b>	<b>\$ 50</b>
<b>Application received after Aug 18.....</b>	<b>\$ 60</b>	<b>\$ 30</b>

Members may bring guests for a fee of \$8 each per day, payable to the pool attendant or lifeguard. All pool guests must be accompanied by a member while using club facilities.

**By signing this application, I agree to abide by all the rules of Forest Park Country Club, Inc. and any future amendments to the rules.**

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*For Office Use Only*

**Amount remitted** \_\_\_\_\_

**Approved by Board of Directors** \_\_\_\_\_ **Membership effective date** \_\_\_\_\_



# FOREST PARK COUNTRY CLUB

## Unaccompanied Child Information and Authorization Form

Child's Name: \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

Home Address: \_\_\_\_\_

Mother/Legal Guardian's Name: \_\_\_\_\_

Mother/Legal Guardian's Phone: (Home) \_\_\_\_\_ (Work/Other) \_\_\_\_\_

Father/Legal Guardian's Name: \_\_\_\_\_

Father/Legal Guardian's Phone: (Home) \_\_\_\_\_ (Work/Other) \_\_\_\_\_

Contact in case of emergency: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Emergency contact phone: \_\_\_\_\_

List all known Medical Conditions, Including Food Allergies and/or Drug Allergies. Include Any and All Prescription and/or Over-the-Counter Medications taken regularly.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

"I, \_\_\_\_\_, authorize Forest Park Country Club (the "Club") and/or its agents and its employees to provide emergency or non-emergency medical care to my minor child as needed. In addition, I hereby release and forever discharge the Club and its officers, directors, employees, and agents from any liability, claim, loss, damages, costs, or other expenses, and waive any right to sue on any such claims arising directly or indirectly during said child's presence on the Club property."

I agree to abide by the rules of Forest Park Country Club, and I understand that my or my child or ward's failure to do so may result in a loss of the unaccompanied privilege. I am fully aware that I am the responsible party for my minor child or ward and his or her guest(s) and any charges related to them.

\_\_\_\_\_  
Parent/Legal Guardian's Signature                      Date