



# 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