INWOOD SWIM CLUB, INC.

1600 N.E. Loop 410, Ste. # 202
San Antonio, Texas 78209
(210) 829-7202 Office * (210) 829-5207 Fax

2010 POOL MEMBERSHIP

Owners
Name:_____
(Last) (First)
Spouse:_____
(Last) (First)
Telephone:_____
(Home) (Work) (Cell)
Emergency:_____
(Name) (Phone)
Children:_____
(Name) (Birth Year)

_____
(Name) (Birth Year)

_____
(Name) (Birth Year)

_____
(Name) (Birth Year)

(PLEASE CIRCLE THE NAMES OF CHILDREN WHO CANNOT SWIM)

In case of an emergency where I cannot communicate my wishes, I would like the following emergency care facility used for myself and all my family members.

Hospital:_____
Doctor's Name:_____ Phone Number:_____
Dentist's Name: _____ Phone Number:_____

Please fill out this registration form and return to the lifeguard at the pool or to the address at the top of this form. The registration form must be on file for you to have pool privileges.