

# Inwood Swim Club Membership Request

1600 N.E. Loop 410, Ste. # 202

San Antonio, Texas 78209

(210) 829-7202 Office \* (210) 829-5207 Fax

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Owners Name: \_\_\_\_\_  
(Last) (First)

Spouse: \_\_\_\_\_  
(Last) (First)

Telephone: \_\_\_\_\_  
(Home) (Work) (Cell)

Emergency: \_\_\_\_\_  
(Name) (Phone)

Children: \_\_\_\_\_  
(Name) (Birth Date)  
\_\_\_\_\_  
(Name) (Birth Date)  
\_\_\_\_\_  
(Name) (Birth Date)  
\_\_\_\_\_  
(Name) (Birth Date)

**(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.**