

FAMILY INFORMATION QUESTIONNAIRE
PLEASE INDICATE ANY NEW/CHANGED INFORMATION

1. GENERAL INFORMATION

1. Name of Membership: _____ Number: _____
2. Husband's First Name: _____ DOB: _____
Wife's First Name: _____ DOB: _____
3. Address: _____
4. Children's Names Who Are Currently Residing With You and their Date of Birth

5. Other Individuals **Permanently** Living With You (Name and Relationship)

6. RENTING: If you are renting to another family and have authorized that family to use your membership, complete the following:

Renter's Name, Phone Number, and Bowie Address: _____

2. EMERGENCY INFORMATION

1. Phones: _____
(Home) (Mother's Work) (Father's Work)
2. If None of the Above Can Be Reached Please Call: _____

3. Doctor's Name & Phone Number: _____
4. Specialized Information (Bee Stings, Allergies, Etc.): _____

5. SPECIAL NOTE: In the event of an emergency, the Manager will attempt to reach either parent or the designated person. If none are available, the Manager will contact the Bowie Rescue Squad. The Club cannot authorize any treatment beyond emergency first aid for your children. If you desire further treatment, a letter so stating, notarized, should be brought or mailed to the Club.

SIGNED: _____ DATED: _____