

**COACHMAN'S TRAIL  
POOL REGISTRATION FORM**

Every homeowner who uses the Coachman's Trail pool, or has dependents that use the pool, is required to complete this form. This is important for our pool staff to effectively perform their job. This form will be retained at the pool. Thank you for your cooperation. All information will be kept confidential and only pool staff will have access.

\_\_\_\_\_

Homeowners Name(s)

\_\_\_\_\_ (number and street only)

Homeowners Address

Mother's	_____	_____	_____
	Home number	Work Number	Cell Number
Father's	_____	_____	_____
	Home Number	Work Number	Cell Number

Dependent Child(ren)\* and Ages (\*Dependent child(ren) resides at above address during the summer months. Please list all that apply.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In case of emergency, please list two people to contact. The homeowners completing this form will be contacted first.

Emergency Contact #1	_____	_____	_____
	Name	Phone Number #1	Phone Number #2
Emergency Contact #2	_____	_____	_____
	Name	Phone Number #1	Phone Number #2

Please list any health conditions/concerns at the present time.

Name	Condition/Concern
_____	_____
_____	_____
_____	_____

I have read the current pool rules and have reviewed them with my dependents listed above. I agree to conform to the rules as outlined by the Homeowners Association.

\_\_\_\_\_

Homeowners Signature

\_\_\_\_\_

Homeowners Signature

Please return to Alison Donnelly at 12029 Deer Run or submit to the Pool Manager on duty at the start of the 2015 season.