

BELAIR BATH AND TENNIS CLUB

Family Questionnaire



GENERAL INFORMATION		
Email Address:		Member ID:
Wife Name:		DOB:
Husband Name:		DOB:
Home Address:		
City:	State:	ZIP:
CHILDREN OR FAMILY MEMBERS PERMANETELY RESIDING AT ADDRESS		
Name	Birth Date	Relationship
RENTING: If you are a renting to another family and have authorized that family you use your membership, please provide names, phone number and Bowie Address.		
Name	Address	Phone
EMERGENECY INFORMATION		
Home Phone (above)	Mobile (above)	Work (above)
If no one can be reached, please call:		
Doctor's name and phone number:		
Specialized Information: (bee stings, allergies, etc...)		
Special Note: In the event of an emergency, the Manager will attempt to reach either parent or 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.		
SIGNATURE		
Signature:		Date: