

Unaccompanied Minor Permission form:

Please complete a form for each child (9 to 16) prior to allowing them to come to the pool unaccompanied

Children **8 years of age and younger** must be accompanied by a responsible adult at all times. An adult SORA member must accompany any child with three (3) written disciplinary warnings for the remainder of the season. **Continued discipline problems may result in forfeiture of membership and dues.**

CHILD'S NAME: (please print)

Child's Name

Date of birth

SORA General Rules

Lifeguards have absolute authority for enforcement of pool rules. Questions regarding a lifeguard's decision should be brought to the pool manager or pool board.

NO RUNNING is allowed on any of the concrete surfaces.

Members are **NOT ALLOWED** in the **office or concessions** area without a staff member.

FOUL LANGUAGE is not permitted.

Hazardous conduct is not allowed. Lifeguards determine hazardous conduct. Hazardous conduct may result in immediate dismissal from the pool grounds.

Poor swimmers may be restricted to the shallow end by the manager or lifeguard on duty. Lifeguards may request very young children be attended by an older capable swimmer.

There is no lifeguard for the wading pool. Only children five years of age and younger are allowed in the wading pool. An **adult** must accompany and remain inside the fenced enclosure when their child(ren) are in the wading pool area.

NO GLASS containers of any kind are allowed within the SORA grounds.

NO ALCOHOL maybe consumed anywhere on SORA property. A patron appearing to be intoxicated will be asked to leave and maybe subject to loss of membership.

NO ANIMALS are allowed within the pool fence area. Service animal are an exception.

All members and their guest must sign in upon arrival and before entering the pool area.

Members are responsible for placing their trash in the appropriate receptacles.

Bicycles are to be parked in the bike rack. Bicycles, skateboards, skates and any other moving devices with wheels are not to be utilized on the property.

All pool property and facilities are the property of the membership. No property may be removed without board approval.

In the event of an injury resulting in a call to 911, the pool will be closed until the emergency has been resolved.

An adult SORA member must accompany any child with three (3) written disciplinary warnings for the remainder of the season. Continued discipline problems may result in forfeiture of membership and dues.

Children **8 years of age and younger** must be accompanied at all times by a responsible adult.

Children **9 years of age and older** may come to the pool unaccompanied provided that: (1) There is a means of contacting a responsible adult, (2) There is a means of transportation for the minor within 15 minutes in the event of severe weather or disciplinary action, and (3) a completed *Unaccompanied Minor Permission Form* and *Emergency Medical Information and Release Form* are on file at the pool

I have read the SORA General Rules and understand them. I will obey the rules and lifeguards at all times.

Minor Child's Signature

Date

I have read the SORA General Rules and understand the requirements for my child entering the facility unaccompanied. I hereby grant permission for the above listed child to be at the pool unaccompanied.

Parent/Guardian Name: (please print)

First and Last Name

Phone Number

Parent/Guardian Signature

Date

Emergency Contact List (please contact in the order listed)

1)

Name

Relationship

Primary Phone

Secondary Phone

2)

Name

Relationship

Primary Phone

Secondary Phone

3)

Name

Relationship

Primary Phone

Secondary Phone

4)

Name

Relationship

Primary Phone

Secondary Phone

EMERGENCY MEDICAL INFORMATION AND RELEASE FORM

Name of Minor Child (Please Print)

I authorize Shadow Oaks Recreational Association staff to consent to medical treatment of above minor when I cannot be contacted, such medical treatment to include, without limitation, x-ray examination, anesthetic, medical or surgical examination or treatment and general hospital care. No prior determination of life-threatening emergency or danger of serious or permanent injury resulting from delay or treatment need be made under this authorization.

I SPECIFICALLY CERTIFY AND AGREE THAT:

Except as indicated at the end of this paragraph, this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the staff to give specific consent on any and all such examinations, treatment or hospital care.

EXCEPTIONS _____

The possession of the original of this authorization by the staff is evident that he/she has care and control of such minor and that I cannot be contacted.

I will indemnify and hold harmless from any expense or claims of any nature and entity which provides or causes to be provided of third party benefits or otherwise, full and complete payment for such examination, treatment or hospital care.

I am the person having the power to consent to medical treatment of such minor.

Parent Signature

Date

Please complete the insurance information below or attach a copy of the insurance card.

Insurance Information (for use in case of emergency)

Policyholder Name

Insurance Company Name

Group Number

Policy/ID Number