

**Lake Pines Club, Inc.**  
**Member Information Sheet**

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**Date:** \_\_\_\_\_

**Member Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone#:** (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

**Email address:** \_\_\_\_\_

**All Family Members included in membership. Family Members must hold primary residence in above household. Include Names and Ages:**

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**Emergency Contact:**

Name and Relation: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Medical Information (Primary Physician's Name and Phone#):**

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Please specify per member, any drug allergies, maintenance medications or medical history that pool staff may need if EMS had to be called):

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**Signature of Member:** \_\_\_\_\_

I understand that the information provided will be used only for emergency purposes and will not be given to any person other than medical professionals, pool staff, Officers and Board of Directors of Lake Pines Club, Inc.

**For Office Use Only:**

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_