



Morristown Recreation
Cauldwell Pool Registration Form

BADGE #

Contact Information (please print clearly)

Email (required): _____

Home Address: _____

Town : _____ State: _____ Zip Code: _____

Adult 1 Name: _____ Cell Phone: _____

Adult 2 Name: _____ Cell Phone: _____

Child's Information:

First Name	Last Name	Date of Birth
1. _____	_____	____/____/____

Emergency Contact Information (Other than Parent):

Emergency Contact #1 Name: _____

Relationship to Child: _____ Cell Phone: _____

Emergency Contact #2 Name: _____

Relationship to Child: _____ Cell Phone: _____

I, the undersigned, have read and agree to abide by all the Rules and Regulations of Cauldwell Pool and will further agree to inform all other individuals listed on this registration form of these Rules and Regulations. Falsification of the above registration form and/ or misuse of Badges will result in revocation of pool privileges.

Parent/Guardian signature required for minors under 18 years of age.

_____	_____	_____
Parent/Legal Guardian Name (Print)	Parent/Legal Guardian Name (Signature)	Date