



HAMPTON PARK COMMUNITY ASSOCIATION

Please print and fill in all the blanks

1. Last Name: _____ First Name: _____

2. Last Name: _____ First Name: _____

Street Address: _____

Home Phone # _____ Work # _____ Cell # _____

Email: _____

Emergency Contact (If other than parent): _____
phone # _____

CHILDREN/DEPENDENTS - MUST BE PERMANENT RESIDENTS OF HOUSEHOLD

Summer Babysitters and Summer Nannies must purchase a babysitter summer pass. Contact On Site or Off Site Manager for further details.

<u>First/Last Name of Children</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Staff Initial</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

By completing this form you acknowledge that you agree to comply with Hampton Park's pool policy.

Signature: _____ Date: _____

Office Use Only: Date Rec'd.: _____ 5 Free Guest Passes Issued _____ By: _____ Date: _____
