

**PARKWOOD MAINTENANCE HOMEOWNERS ASSOCIATION, INC.**  
**1600 NE Loop 410, Suite 202**  
**San Antonio, Texas 78209**  
**(210) 829-7202 Office • (210) 829-5207 Fax**  
**2011 POOL MEMBERSHIP**

**Association Member's Name:**

\_\_\_\_\_

*(last)*

\_\_\_\_\_

*(first)*

**Spouse:**

\_\_\_\_\_

*(last)*

\_\_\_\_\_

*(first)*

**Address:**

\_\_\_\_\_

**Telephone:**

\_\_\_\_\_

*(home)*

\_\_\_\_\_

*(work/alternate)*

**Emergency Contact:**

\_\_\_\_\_

*(name)*

\_\_\_\_\_

*(phone)*

**Children:**

\_\_\_\_\_

*(name)*

\_\_\_\_\_

*(birth year)*

\_\_\_\_\_

*(name)*

\_\_\_\_\_

*(birth year)*

\_\_\_\_\_

*(name)*

\_\_\_\_\_

*(birth year)*

**Children's Caretaker  
(if applicable):**

\_\_\_\_\_

*(last name)*

\_\_\_\_\_

*(first name)*

\_\_\_\_\_

*(age)*

\_\_\_\_\_

*(phone)*

**\*\*Please circle the names of children who cannot swim.\*\***

In case of an emergency where I cannot communicate my wishes, I would like the following emergency care facility used for myself and all my family members:

**Hospital:**

\_\_\_\_\_

**Doctor:**

\_\_\_\_\_

*(name)*

\_\_\_\_\_

*(phone)*

**Dentist:**

\_\_\_\_\_

*(name)*

\_\_\_\_\_

*(phone)*

**Please fill out this registration form and return to the lifeguards.  
The registration form must be on file for you to have pool privileges.**