



This form must be filled out in order for your child to participate in any Kids' Club activity.
Please return the completed form to the Membership Office or Jessica Moore, Kids' Club Director.

Child's Information:

Name _____ (last) _____ (first)

Date of Birth ____/____/____ Age _____

Member/Room # _____

Medical Information:

Allergies: Yes or No If yes, please specify: _____

Taking Medication: Yes or No If yes, please specify: _____

Other Medical Conditions: _____

I, _____, the parent/legal guardian of _____
(name of legal guardian) (name of child)

a minor, give permission for my child to be treated medically by La Jolla Beach & Tennis Club, Inc. EMT staff and the Kids' Club staff.

Parent/Guardian's Contact Information:

Email: _____

- Please email upcoming Kids' Club activities
- Please email specials & upcoming events for all La Jolla Beach & Tennis Club, Inc. properties.

Address: _____

Home Phone: _____ Cell Phone: _____

Two Emergency Contacts:

1. Name: _____ Relation to child: _____

Home Phone: _____ Cell Phone: _____

2. Name: _____ Relation to child: _____

Home Phone: _____ Cell Phone: _____