

Newtown Crossing Community Association 2021 Pool Registration Form

please print clearly

Family Last Name _____ Email address _____

Street Address _____ Newtown, PA 18940

Home Phone _____ Unlisted? Yes No (circle one)

Property Owner _____ Tenant _____ (check one)

Name & Phone # of Emergency Contact _____
(please provide at least 2 contacts)

Please List All Residents Living In the Home

Adults	Work	Cell Phone	Tag No. (pool staff)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Children (1st name, last name if different from family)	Age	Birth Date (mo/day/yr)	Tag No. (pool staff)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please List All Health Problems For All Family Members: _____

**POOL TAGS MUST BE WORN BY ALL MEMBERS TO GAIN ADMITTANCE.
Children under 12 must be accompanied by an adult.**