COPOCO Permission and Release Form Drop-Off Waiver for 11-15 year olds

Must be completed for children ages 11 to 15 left at COPOCO without parent/guardian supervision.

As provided in the COPOCO Rules and Regulations, I give permission for my child, (list their name, age):
, who is at least 11 years of age, to use the pool, tennis courts, and lawn at COPOCO without parental supervision. I attest that my child has passed the deep end test. I understand and agree that I am responsible for my child at all times, regardless of whether I am present or not.
I also understand and agree that the COPOCO lifeguards will monitor the safety of people in and around the pool area. The COPOCO lifeguards are not responsible for children outside of the pool area who are on or using the general grounds and facilities at COPOCO, including, but not limited to, the "Frog Pond" and the tennis courts. Specifically, regarding use of the "Frog Pond," I understand that the "Frog Pond" has no lifeguard and is not safe for swimming or boating; that swimming and boating on the "Frog Pond" are not permitted; and that children under the age of 11 may not go to the "Frog Pond" unless supervised by someone 16 or older. My child may <i>not</i> invite non member guests to COPOCO without member adult supervision. I understand and agree that the COPOCO Board and/or COPOCO lifeguards may revoke my child's right to be left at COPOCO without my supervision if they see cause to do so.
In consideration of my child's unsupervised used of the COPOCO pool, grounds and facilities, I agree to indemnify, release and hold harmless COPOCO and its directors, officers and employees from and against any cost, liability, claim, damages, or demand arising from any injury, loss, illness, or death related to my child's unsupervised use of the COPOCO pool, grounds or facilities.
Finally, I recognize and fully understand and acknowledge the information above. By signing this form, I expressly declare that I am of legal age and that I am aware of and agree to the contents of this Permission and Release Form and I am legally accountable to any effects of this Permission and Release Form.
Parent name:
Parent/Guardian Signature, Date:
Parent contact #1 (Name, phone #):
Parent contact #2 (Name, phone #):
Alternate emergency contact (Name, phone #):
Medical conditions/Allergies :

Medication:_____