



CUMMING AQUATIC CENTER

Customer Information Form

The City of Cumming affords equal opportunity to everyone regardless of race, creed, color, gender, national origin, age, or disability. All eligible individuals will be afforded the same opportunity for employment selection or program participation. Accordingly, should you be disabled, you may request any reasonable accommodation in order to participate in the employment application process or program participation.

Head of Household

First Name _____ Middle Initial _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-Mail Address _____

Gender: Male Female

Date of Birth: _____

Residence: _____ Within Cumming city limits
_____ Inside Forsyth County but outside Cumming city limits
_____ Outside Forsyth County

Emergency Contact:

First Name _____ Last Name _____

Relation _____ Phone No. _____

Additional Family Members

First Name _____ Middle Initial _____ Last Name _____

Gender: Male Female

Date of Birth: _____

First Name _____ Middle Initial _____ Last Name _____

Gender: Male Female

Date of Birth: _____

First Name _____ Middle Initial _____ Last Name _____

Gender: Male Female

Date of Birth: _____

First Name _____ Middle Initial _____ Last Name _____

Gender: Male Female

Date of Birth: _____

First Name _____ Middle Initial _____ Last Name _____

Gender: Male Female

Date of Birth: _____