

The Pool Club @Swansea Country Club - Guest Form

(All Forms need to be completed in full for guest to attend Pool Club – to be submitted when checking in)

Name of Guest(s): _____ **Date:** _____

Birthdate: _____ **Total # of Guest(s)** _____

Address: _____

Email Address: _____ **Cell Phone #** _____

Pool Club Member the Guest is in attendance with: _____

Parent/Guardian Name (If applicable): _____

Contact Cell Phone # _____

All guests must meet the COVID Protocols as outlined by the State of Massachusetts and the Swansea Board of Health.

1) Today, or in the past 24 hours, have you or any household member had any of the following symptoms?

- Fever (temperature of 100.0°F or above), felt feverish, or had chills?
- Cough
- Sore throat
- Difficulty breathing
- Gastrointestinal symptoms (diarrhea, nausea, vomiting)
- Fatigue (fatigue alone does not exclude child from participation)
- Headache
- New loss of sense of smell/taste
- New muscle aches
- Any other signs of illness

2) In the past 14 days, have you had close contact* with a person known to be infected with the novel coronavirus, COVID-19?

*close contact = being within 6ft for more than 10 minutes while that person was symptomatic, starting 48 hours before their symptoms began until their isolation period ends

All members assume the risk and liability of their guest(s) while on the facility and do not hold Palmer River Golf Club dba Swansea Country Club liable for any injury or damages.

Signature of Guest: _____

Signature of Member: _____