

PHYSICIAN VERIFICATION OF CARETAKER/CAREGIVER REQUIREMENT BY CARDHOLDER FORM

In order for a RCSC Cardholder to qualify for a caretaker/caregiver without guest fee, the RCSC Cardholder must submit a Physician Verification of Caretaker/Caregiver Requirement by Cardholder Form ("Form") to RCSC's Corporate Office at the Lakeview Center. A new Form is required annually unless Physician deems RCSC Cardholder as permanently disabled. If RCSC Cardholder requires multiple caretakers/caregivers to enjoy and use RCSC facilities it must be so noted by Physician on Form. Caretaker's/Caregiver's primary residence may be within or outside of Sun City AZ.

RCSC CARDHOLDER/PATIENT NAME (PLEASE PRINT) :

The above named patient requires a caretaker/caregiver in order to participate in activities, such as the use of pools, spas, fitness centers and other similar amenities at the Recreation Centers of Sun City, Inc. I have indicated whether my patient is permanently disabled and whether more than one caretaker/caregiver is required at one time for my patient to use RCSC Facilities.

Patient is Permanently Disabled Patient Requires More than One Caretaker/Caregiver at a Time

MEDICAL PROVIDER'S SIGNATURE:

DATE:

MEDICAL PROVIDER'S NAME (PLEASE PRINT) :

NAME OF MEDICAL PRACTICE:

MEDICAL PRACTICE CONTACT PHONE NUMBER:

MEDICAL PRACTICE CONTACT FAX NUMBER:

RCSC CARDHOLDER/PATIENT RELEASE AUTHORIZATION

I authorize a representative of the Recreation Centers of Sun City Inc., (RCSC) to contact my health care provider listed above in order for RCSC to verify the authenticity of my Physician's signature on this form and not to ask my Physician to release any details regarding my personal health.

RCSC CARDHOLDER NAME (PLEASE PRINT) :

RCSC CARDHOLDER SIGNATURE:

DATE:

RCSC CARDHOLDER NUMBER:

RCSC CARDHOLDER PHONE NUMBER:

RCSC CARDHOLDER EMAIL ADDRESS:

BELOW SECTION COMPLETED BY RCSC CORPORATE OFFICE ONLY

DATE SUBMITTED TO CORPORATE OFFICE:

DATE APPROVED/DENIED:

DATE CARDHOLDER NOTIFIED:

HOW CARDHOLDER NOTIFIED: