

# 201' EMERGENCY INFORMATION FORM

-- Each Individual In The Membership Must Be Listed --  
Adults and Children

This form is available Sf agdi WefWand can be filled in online. If the online option is used the data can be forwarded via email for compilation.

**Providing this information is a liability insurance requirement.** This information will be used only in case of emergencies and will be safeguarded to protect your privacy. Failure to provide this information may preclude members from using the pool and facilities.

Name	Date of Birth	Allergies and/or Medical Conditions

## Emergency Contact Numbers

Name	Home Phone	Cell phone	Work Phone

## Additional Comments or Instructions

Thank you for completing this form. Please return it with your membership payment.

Name

Date:

Membership Number

Membership Type