

2017 EMERGENCY INFORMATION FORM

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

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. This form is available online. If the online option is used the data can be forwarded via email for compilation.

Name

Date:

Membership Number

Membership Type