

2010 Family Emergency Data Form

Family Name _____ Address _____
Membership # _____

Emergency Contact Information

Primary Contact Name _____ Phone (h) _____ - _____ - _____

(w) _____ - _____ - _____

Relationship _____ (c) _____ - _____ - _____

Secondary Contact Name _____ Phone (h) _____ - _____ - _____

(w) _____ - _____ - _____

Relationship _____ (c) _____ - _____ - _____

Family Profile

<u>Names</u> (all family members)	<u>Date of Birth</u>	<u>Swim Alone*</u> (if under 13)	<u>Medical Information</u> Please list medical conditions, allergies or physical limitations the lifeguard staff should be aware of:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____

***For a child to swim alone he/she must be at least 8 yrs. old and pass a swim test administered by the lifeguards. After the test, a parent must initial next to the child's name giving their permission for this privilege.**

I hereby authorize the lifeguard staff of Crystal Aquatics to obtain emergency medical care for injuries or illness for my child that might occur while at the pool facility. I further direct all medical/hospital facilities to accept this document as authorization to render essential care deemed medically necessary in the event of an emergency and I am unable to be immediately contacted.

Signature

Date

Printed Name

Health Insurance Carrier: _____