



# MOUNTAIN CREEK SWIM CLUB

## EMERGENCY CONTACT/MEMBER FORM

Please complete this form and return it with your yearly dues. This information will be used in case of an emergency for anyone in your household, and to verify our 2019 memberships. NOTE: email is our preferred method of all correspondence, so PLEASE be sure to include your email address.

Date \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Children's Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State GA Zip \_\_\_\_\_

Email: \_\_\_\_\_

*In case of Emergency, please contact  
(non- pool member):*

Primary Contact:	Secondary Contact:
Name	Name
Relationship	Relationship
Home Telephone Number	Home Telephone Number
Work Telephone Number	Work Telephone Number
Mobile Telephone Number	Mobile Telephone Number