

# POOL DIRECTORY EMERGENCY FORM

LAST NAME: \_\_\_\_\_  
HOME Phone: \_\_\_\_\_  
CELL Phone: \_\_\_\_\_

CERTIFICATE HOLDER(S) FIRST NAME(S):

1 \_\_\_\_\_ 2 \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP \_\_\_\_\_ KEY(S)# \_\_\_\_\_

CHILDREN'S NAMES	BIRTH DATE	AGE	SWIMMING ABILITY

## EMERGENCY CONTACTS:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

I (We) have received a copy of the **Rules and Regulations** for **Northwood Park Swim Club** and agree to abide by them as they are administered by the pool manager and/or the Board of Directors.

I(We) authorize **Northwood Park Swim Club**, it's pool manager, employees and members to secure the services of a physician or hospital, and to incur expenses for necessary services in the event of accident, injury or illness. I(We) agree to provide payment for such expenses without protest. Every reasonable effort will be made to contact me (us), the parents(s), as soon as possible.

MEMBER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

INFORMATION UPDATED: (Member to initial and date)

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EMAIL ADDRESS: \_\_\_\_\_  
(Only to be used to keep members informed of any updates relating to pool membership.)

**NORTHWOOD PARK SWIM CLUB**