

HERCULES PIRANHAS SWIM TEAM
EMERGENCY FORM

FAMILY LAST NAME: _____

ADULT FIRST NAME: _____ EMAIL _____ PHONE _____

ADULT FIRST NAME: _____ EMAIL _____ PHONE _____

Email Address: _____

(Please include ALL email addresses that you would like to receive information from the Hercules Piranhas Swim Team)

SWIMMERS:

Name: _____ Birthdate: _____

In case of emergency contact _____ PHONE: _____

(Relationship) _____

Children(s) Primary Physician: _____ PHONE: _____

Hospital: _____

ANY SPECIAL MEDICAL INFORMATION THE HERCULES PIRANHAS SWIM TEAM SHOULD BE AWARE OF:

I, _____ certify that all information on this form is correct.

_____ (Signature) _____ (Date)

THIS FORM MUST BE COMPLETED AND RETURNED TO A HERCULES PIRANHAS
SWIM TEAM BOARD MEMBER

- THIS INFORMATION WILL REMAIN CONFIDENTIAL AND SHALL BE AVAILABLE IN THE POOL OFFICE IN CASE OF EMERGENCIES.