



**KILLER WHALES SWIM CLUB
EMERGENCY INFORMATION**

Date _____

Swimmer's Name _____

Birthday _____ Age _____

Mother's Name _____ Father's Name _____
(or legal guardian) (or legal guardian)

Address _____

Home Phone _____ Mom's Cell Phone _____

E-Mail Address _____ Dad's Cell Phone _____

Emergency Contact Name _____

Emergency Contact Cell Phone _____

MEDICAL INFORMATION

Physician's Name _____) Physician's Phone _____ ,

Allergies/Medical Conditions _____

Anything else the coaches should know about your child? _____

CONSENT FORM

We give our consent for coaches, lifeguards and/or meet officials to administer first aid until the doctor or other emergency services arrive. (Please sign yes or no.)

_____ YES _____ NO

We give our consent for coaches, lifeguards and/or meet officials to use our own judgment in securing medical aid and/or ambulance services in case parents or legal guardians cannot be reached. (Please sign yes or no.)

_____ YES _____ NO