

Ford's Colony Swim Team
2011 Emergency Information Form

Swimmer's Last Name: _____

Parent or guardian names: _____

Home address: _____

Home Phone: _____ Cell 1: _____ Cell 2: _____

Work 1: _____ Work 2: _____

Swimmer name: _____

Birthdate: _____

Allergies, medications, known medical conditions, etc.

Swimmer name: _____

Birthdate: _____

Allergies, medications, known medical conditions, etc.

Swimmer name: _____

Birthdate: _____

Allergies, medications, known medical conditions, etc.

Swimmer name: _____

Birthdate: _____

Allergies, medications, known medical conditions, etc.

Emergency Contact (other than parent/guardian): _____

Relationship to swimmer: _____ Phone: _____

Physician: _____ Phone: _____

It is important that all emergency information be accurate and up to date. If any changes occur, a new form should be filled out by the parent or guardian and filed with registration chair, Kathy Coffee. A new copy of the form can be printed from the swim team web site.

Parent/guardian signature: _____ Date: _____