

LANSDOWNE SWIM CLUB

2018 EMERGENCY INFORMATION SURVEY

On the back of this paper please list any medical issues that the staff should be know about. Thank you.

BONDHOLDER/ASSOCIATE _____

CELL # _____

ADDRESS _____

EMAIL _____

EMERGENCY CONTACT _____

PHONE # _____

PHONE # _____

BOND OR ASSOCIATE # _____

NAME INCLUDING ADULTS

DATE OF BIRTH

RELATIONSHIP TO BH/A

CURRENT ADDRESS

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

FIRST & LAST NAME

DATE OF BIRTH

RELATIONSHIP TO BH

CURRENT ADDRESS

7. _____

8. _____

9. _____

10. _____
