

# LANSDOWNE SWIM CLUB

## 2019 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. \_\_\_\_\_

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2. \_\_\_\_\_

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6. \_\_\_\_\_

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FIRST & LAST NAME

DATE OF BIRTH

RELATIONSHIP TO BH

CURRENT ADDRESS

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8. \_\_\_\_\_

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9. \_\_\_\_\_

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