



Swim & Fitness Center - Flippers

Emergency Information Card

Swimmer Name: _____ Age: _____
Father's Name: _____
Mother's Name: _____
Home Address: _____
City, State, Zip: _____
Home Phone #: () _____ - _____ Work Phone #: () _____ - _____
Cell Phone #: () _____ - _____
Email: _____

Person To Contact In The Event an Emergency:

1. Contact: _____
Relationship to swimmer _____
Home Phone #: () _____ - _____ Work Phone #: () _____ - _____
Cell Phone #: () _____ - _____

2. Contact: _____
Relationship to swimmer _____
Home Phone #: () _____ - _____ Work Phone #: () _____ - _____
Cell Phone #: () _____ - _____

Please list any medical concerns or allergies:

