



## Swimming Pool Emergency Contact Information

All Children under the age of 18 have to be listed.

Last Name	First Name	Date of Birth	Allergies or Medical Issues
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Emergency Contact Information:

Name	Home Phone #	Mobile Phone #	Work Phone #
_____	_____	_____	_____
_____	_____	_____	_____

In extreme emergency, if parent/guardian cannot be reached, may the city pool manager on duty have permission to seek medical treatment for the individuals listed above?

Yes

No

If not what do you wish for us to do?

Furthermore we acknowledge:

- 1) The above named individuals are of our immediate family (mom, dad, son, daughter) living in the same household.
- 2) Children 7 & under are not permitted to be at the pool without supervision 14 years of age or older that is watching them.
- 3) There will only be pages made in the event of emergency.

**Email address** \_\_\_\_\_ **Y** **N** **Receive email updates**

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_