

# Condon Swimming Pool

## Emergency Contact Information Form

**This information will be extremely important in the event of an accident or medical emergency. Please sign and date this form.**

**Name:** \_\_\_\_\_

Last

First

**Phone:**

**Home:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Street

City

State

Zip Code

**Primary Emergency Contact Name:** \_\_\_\_\_

Last

First

**Relationship:** \_\_\_\_\_

**Phone:**

**Home:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Work:** \_\_\_\_\_

**Secondary Emergency Contact Name:** \_\_\_\_\_

Last

First

**Relationship:** \_\_\_\_\_

**Phone:**

**Home:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Work:** \_\_\_\_\_

**List all people for the swimming pass/lessons that this emergency contact form applies to:**

**Comments:** *(include any special medical or personal information you would want an emergency care provider to know – or special contact information):*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_