

Condon Community 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:** _____