



## EMERGENCY INFORMATION

Name of person(s) to be notified if a family member becomes injured. Please include all relevant numbers. We recommend you give contact information for the all the adults of your home AS WELL AS at least one person outside of your home. Please feel free to include more information.

Contact 1: \_\_\_\_\_ Contact 2: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Contact 3: \_\_\_\_\_ Contact 4: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Preferred Doctor 1: \_\_\_\_\_ Preferred Doctor 2: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

IN THE EVENT OF AN EMERGENCY, I/WE HEREBY GRANT THE ROBESONIA SWIMMING POOL PERSONNEL PERMISSION TO SECURE MEDICAL ATTENTION FOR MYSELF AND MY DEPENDENTS WITHOUT INVOLVING THE POOL IN ANY LIABILITY. ALL ADULTS MUST SIGN. PARENTS/GUARDIANS ARE SIGNING ON BEHALF OF MINOR CHILDREN.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**This form must be signed and returned with membership application.**