



Team Rockland Swimming

Emergency Information Form

Swimmer's Name/s: _____

Father's Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Mother's Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

1. Who should we contact if parents cannot be reached:

Name: _____

Relationship to Swimmer: _____

Phone: _____

2. Does your swimmer/s take any medications regularly? Yes No
If yes, please specify swimmer/s and medication/s:

3. Does your swimmer/s have a medical condition? Yes No
If yes, please specify swimmer/s and describe medical condition/s:

Parent/Guardian Signature

Date