



**2010 EMERGENCY FORM – USMS**

**Master Swimmer 1 Information**

Workout group    AM    PM

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_

Allergies/medical conditions \_\_\_\_\_

\_\_\_\_\_

Any special circumstances of which the coaching staff should be aware: \_\_\_\_\_

\_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Master Swimmer 2 Information**

Workout Group    AM    PM

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_

Allergies/medical conditions \_\_\_\_\_

\_\_\_\_\_

Any special circumstances of which the coaching staff should be aware: \_\_\_\_\_

\_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**I have read Woodland Swim Team's Membership Agreement and agree to the payments and responsibilities therein for the 2010 season.**

Signature: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_