

SASC EMERGENCY/MEDICAL INFORMATION FORM

EMERGENCY INFORMATION

Name of swimmer	
Date of birth	
Address	
Next of kin	
Emergency contact(three different contacts required)	1. 2. 3.
Emergency contact numbers(state which contact).	<u>Landline</u> 1. 2. 3. <u>Mobile</u> 1. 2. 3.