



Warren Olympic Club Emergency Form

Family Name: _____

Phone Number: _____ E-mail Address: _____

Address: _____

Medical Information (Please include all family members, including anyone who accompanies your children to the pool.)

Name	Birth Date (Persons under 18)	Allergies or Medical Conditions

People to call in an emergency (please list in the order they should be called)

Name	Relationship	Primary Phone #	Secondary Phone #

(Please complete the information on the reverse side)

Warren Olympic Club – Emergency Form (continued)

Family Physician: _____ **Phone:** _____

Other Physician (specify who the physician is for): _____

_____ **Phone:** _____

Dentist: _____ **Phone:** _____

Hospital Preference: _____

I have reviewed a copy of the Pool Rules and By-Laws which are located on the website, www.warrenolympicclub.org. All members of our family agree to abide by the WOC's Pool Rules and By-Laws.

_____ **Please Initial**

Signature of Adult Family Member

Date