



Macomb YMCA Marlins Emergency Information



Date _____

Swimmer's Name _____ Birthdate _____

Address _____ City/Zip _____

Phone # _____

Swimmers Physician _____ Phone # _____

Allergies _____

Medications _____

Medical Insurance _____ Policy # _____

Policyholder Name _____

Preferred Hospital _____

Other Relevant Information _____

EMERGENCY CONTACT:

Name _____ Relationship _____

Home Phone _____ Work/Cell _____

Name _____ Relationship _____

Home Phone _____ Work/Cell _____

Name of Parent/Guardian _____

Address (if different from above) _____

City _____ Zip _____

Home Phone _____ Work/Cell _____