

BALLSTON SPA SWIM CLUB
Emergency Contact Card

_____ Date

Name

Home Phone No.

Father/Guardian

Business or Cell Phone No.

Mother/Guardian

Business or Cell Phone No.

Emergency Contact

Phone No.

Health Insurance Plan

Plan No.

Known Medical Conditions/Allergies: _____

Medication(s): _____

BALLSTON SPA SWIM CLUB
Emergency Contact Card

In case I cannot be reached, I authorize the Ballston Spa Swim Club Representative in charge to obtain the services of the nearest ambulance, emergency squad, or licensed physician.

I also authorize a trained first aide person or licensed physician to provide immediate and necessary care.

Signature of parent or legal guardian

Date

Emergency contact cards need to be on file for each swimmer.