



SWIM GYM AQUATIC SPORTS CAMP EMERGENCY CONTACT SHEET



In case of an emergency, we will attempt to contact the parent first. If you cannot be reached, we will contact the first person on the list, or the child's doctor. Please insure that all contact information is local.

PLEASE PRINT CLEARLY

Child #1 Name _____ Sex (M/F) Date of Birth ___/___/___ Grade in Sept. _____

Child #2 Name _____ Sex (M/F) Date of Birth ___/___/___ Grade in Sept. _____

Child #3 Name _____ Sex (M/F) Date of Birth ___/___/___ Grade in Sept. _____

Child #4 Name _____ Sex (M/F) Date of Birth ___/___/___ Grade in Sept. _____

Child's Address (in Miami) _____

City, State, Zip _____

Mother's Name: _____ Father's Name _____

Home# _____ Work# _____ Home# _____ Work# _____

Cell# _____ Other# _____ Cell# _____ Other# _____

Parent's Marital Status: _____

Emergency Contact Other Than Parent(s):

Name and phone #

Name and phone #

Doctor's Name

Phone #

List any medication
needed to be given at camp List any allergies

List any special
dietary needs

Name of persons **who may not** pick up
your child from camp.

Name of persons **who may** pick up
your child from camp.

In case of an accident or illness, I request that Swim Gym Aquatic Sports Camp contact me. If a parent cannot be reached, I hereby authorize the camp to contact the physician listed above, and if necessary, to transport my child to his/her physician or nearest hospital.

PARENT/GUARDIAN SIGNATURE

DATE

Please list on back any additional comments that may help us best understand your child and meet his/her specific needs.

WE NEED A COPY OF YOUR CHILD'S CURRENT HEALTH CERTIFICATE, HRS FORM #3040 AND #680 (YOUR PEDIATRICIAN HAS IT)

**THANK YOU FOR SWIMMING WITH US
PLEASE LET US KNOW HOW WE CAN SERVE YOU BETTER**
11155 SW 112 Ave. Miami, Florida 33176
FOR MORE INFO PLEASE CALL 305-273-1129. or **CAMP SITE @ 305-361-3601**
Web: www.swimgym.net & e-mail: swimgym@swimgym.net
NO REFUNDS