

**2018 Sussex Academy Aquatics Center Emergency Form**

Keytag# \_\_\_\_\_

This form will be kept confidential to staff and will be shared if we need to call any Medical Emergency Personnel. Your thoroughness is imperative and honesty could be life saving.

Print Your Name: \_\_\_\_\_ Gender: M F Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Would you like to be added to an email list to receive updates about pool events, schedules, and closings? Y N

Allergic Reactions to Medication: \_\_\_\_\_

Allergies (i.e. food, dust, pollen, etc.): \_\_\_\_\_

Prior injuries/trauma/limitations/past surgeries (Chronological order): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any Additional Medical conditions/concerns:

\_\_\_\_\_

\_\_\_\_\_

Current Medications:

\_\_\_\_\_

\_\_\_\_\_

Family Doctor \_\_\_\_\_ Doctor # \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home, Cell and Work Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home, Cell and Work Phone: \_\_\_\_\_

*I hereby grant the Sussex Aquatic Center **permission** to use my likeness in a **photograph**, video, or other digital media ("**photo**") in any and all of its publications, including web-based publications.*

Signature \_\_\_\_\_