

**Sussex Academy Aquatics Center Emergency Form** (updated 1/15/19)

Date : \_\_\_\_\_ Do you plan to visit again? \_\_\_\_\_ Key tag # \_\_\_\_\_

This form will be kept confidential to staff and will be shared only if we need to call any Medical Emergency Personnel.

Your thoroughness and honesty is imperative and could be life- saving. **Please print clearly.**

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

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 and schedules? Y N

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

Prior injuries/trauma/limitations/surgeries (only items that would affect medical treatment): \_\_\_\_\_

Medical conditions/medications: \_\_\_\_\_

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: \_\_\_\_\_

*I have read and agree to abide by all of the common courtesies (which are on the website or the pool staff has provided me) and pool rules of the Sussex Academy Aquatic Center (SAAC) which have been provided by a staff member or read on the website.*

Signature: \_\_\_\_\_

Bracelet color for those who have taken the swim test (age 14 & Up) \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Referred by: \_\_\_\_\_