

Wade Hampton Gardens Pool

Emergency Information Sheet

Member's Last Name: _____

Adult's Name:

Allergies (if yes, please list below)

_____ No/Yes _____

_____ No/Yes _____

Child's Name:

Age: Allergies (If yes, please list below)

_____ No/Yes _____

_____ No/Yes _____

_____ No/Yes _____

_____ No/Yes _____

_____ No/Yes _____

_____ No/Yes _____

Home Address:

Email Address:

Home Phone #:

Cell Phone # (His):

Cell Phone # (Hers):

Emergency Contact (close friend or relative):

_____ Phone # _____

Family Doctor or Practice:

_____ Phone # _____