

Aquatic Training and Consulting Services **Participant Health/Emergency Information**

*****Form must be fully completed** and turned into ATCS prior to participation in any ATCS class or program
****Participants/parents/guardians are responsible for informing ATCS** of any changes that occur during the class or program
Please initial: _____

Participant's name: First Middle Last

Age Date of Birth Home Phone

Address City State Zip

Parent/Guardian Name Cell Phone Work Phone

Parent/Guardian Name Cell Phone Work Phone

Doctor's Name: _____ Phone: _____

Health Information: Provide information regarding any medical conditions, psychological conditions, behavioral conditions, medications, dietary restrictions, allergies, or special needs of which we need to be aware in case of an emergency or to ensure safety during participation in the activities required for the class: _____

Please list additional contacts in case of an emergency.

Name Relationship

Address Phone Alt Phone

Name Relationship

Address Phone Alt Phone