



SCUBA DIVING CLUB OF CNU

EMERGENCY CONTACT INFORMATION

Name: _____

Address: _____

Birthdate: ____/____/____

Phone Number: (____) _____

Emergency Contact: _____

Relationship: _____

Phone Number: (____) _____

Phone Number 2: (____) _____

Emergency Contact: _____

Relationship: _____

Phone Number: (____) _____

Phone Number 2: (____) _____

Do you have any allergies?

Are you currently taking any medications? If so, please list them.

Any other health issues, needs, or conditions? If so, please list them.

All information provided on this sheet will be handled with the utmost confidentiality and professionalism. Information will only be utilized by officers for prevention of injury or problems, situations of emergency, and/or medical need and will not be disseminated or discussed outside of the club or officers.

All the above information is correct, and I agree to allow officers to use the above information in the event of an emergency or prevention of incident. *(must be 18 to sign)*

Signature

Date