

<b>2017 CARDINAL SWIM TEAM EMERGENCY CONTACT INFORMATION</b>
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**Swimmer Name(s)**

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**Mother/Guardian #1**

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**Home Phone**

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**Cell Phone**

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**Address**

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**City**

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**State**

---

**Zip**

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**Email Address**

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**Father/Guardian #2**

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**Home Phone**

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**Cell Phone**

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**Address**

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**City**

---

**State**

---

**Zip**

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**Email Address**

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**If neither of the above is available in an emergency, please notify:**

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**Name - Emergency Contact #1**

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**Phone Number(s)**

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**Name – Emergency Contact #2**

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**Phone Number(s)**

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**Family Physician**

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**Phone Number**

**If your swimmer has medical insurance, please provide the following information:**

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**Policy Holder's Name**

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**Carrier**

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**Policy or Group #**