Child 1

Name	DOB
Last Swim Session	Date:
Parent/Guardian	Contact #
Emergency Contact	Contact #

Child 2

Name	DOB
Last Swim Session	Date:
Parent/Guardian	Contact #
Emergency Contact	Contact #

Child 3

Name	DOB
Last Swim Session	Date:
Parent/Guardian	Contact #
Emergency Contact	Contact #

Child 4

Name	DOB
Last Swim Session	Date:
Parent/Guardian	Contact #
Emergency Contact	Contact #