



## GULF SWIMMING SAFETY INFORMATION

1.) Club Name: \_\_\_\_\_

Safety Coordinator: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number Work: \_\_\_\_\_ Home: \_\_\_\_\_

2.) Pool Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Location of Phone: \_\_\_\_\_

Pool Manager: \_\_\_\_\_

Phone Number Work: \_\_\_\_\_ Home: \_\_\_\_\_

3.) Club President: \_\_\_\_\_

Phone Number Work: \_\_\_\_\_ Home: \_\_\_\_\_

Head Coach: \_\_\_\_\_

Phone Number Work: \_\_\_\_\_ Home: \_\_\_\_\_

EMS (not 9-1-1): \_\_\_\_\_

Poison Control: \_\_\_\_\_

4.) Person who will take control of an emergency

Circle one:      U.S.A Club                      Facility Personnel                      Head Coach

Other: \_\_\_\_\_

Phone Number Work: \_\_\_\_\_ Home: \_\_\_\_\_

5.) Location of First Aid Kit: \_\_\_\_\_

Spinal Backboard: \_\_\_\_\_

Blankets/Towels: \_\_\_\_\_

Rescue Implements: \_\_\_\_\_

6.) **Area Map showing location of nearest hospital or emergency clinic (key map, etc.).**

Several copies of this form and map should be posted during Swim meets.