



## OLYMPIC VIEW SWIM CLUB CAREGIVER FORM

**Please submit completed form with \$150 fee to:**  
OVSC Membership 17837 1ST AVE S, PMB 261, NORMANDY  
PARK, WA 98148

MEMBERSHIP #: \_\_\_\_\_

MEMBER LAST NAME: \_\_\_\_\_

CAREGIVER NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

Allergies, medication, etc.  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_

Insurance Coverage: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

In case of injury, may a doctor in attendance treat the injured? Yes \_\_\_\_\_ No \_\_\_\_\_

In case of emergency, and if time does not permit respecting your wishes listed above, do Olympic View Swim Club Officials and/or lifeguards or attending physician have your permission to:

- 1.) Call an ambulance: Yes \_\_\_\_\_ No \_\_\_\_\_
- 2.) Send the injured to the nearest hospital: Yes \_\_\_\_\_ No \_\_\_\_\_

I have read and will obey the OVSC Operating Rules and Guest Policy.

Member Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

<i>For OVSC Use Only</i>	
Approved by Board: ___/___/___	Payment Received: ___/___/___
Entered in Membership System <input type="checkbox"/>	