

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 High School 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.