



120 Finderne Avenue, Bridgewater, NJ 08807 908-685-0040 Website: swim-inc.org Fax: 908-393-9919

The mission of Swim inc. is provide a safe and supportive environment for adults with mobility impairments to participate in aquatic exercise emphasizing faculties of body, mind and spirit, set in a social gathering of caring and respect.

EMERGENCY MEDICAL RECORD

Please Print: _____		(Circle One) Swimmer or Volunteer	Date: _____
Name: _____			
Address _____		Phone: _____	
City : _____	State : _____	Zip Code: _____	
DOB: (month/date/year) _____		(circle one) Male/ Female	
Email: _____		Chapter: _____	
Chapter : Basking Ridge, Bridgewater, Caldwell, Cedar Knolls, Flemington, Hardyston, Madison, Randolph, Ridgewood, Scotch Plains, Summit , Wildwood Crest, Fellowship Village & Red Bank			

IN CASE OF EMERGENCY — PLEASE NOTIFY

Name _____			
Address _____			
City _____	State _____	Zip Code _____	
Phone () _____			
Living Will?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Organ Donor? <input type="checkbox"/> YES <input type="checkbox"/> NO
Durable Power of Attorney for Health Care?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

Return Completed Form to your SWIM., inc. Chapter Coordinator

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