

**MARIST SPLASH
EMERGENCY CONTACT INFORMATION**

For Participant Name: _____

In case of emergency, we must be able to contact you as quickly as possible. It is essential that this form have complete and accurate information. Please provide information for three adults including at least one parent or guardian.

Parent/Guardian Name:

Home address:

Home Phone:

Other Phone:

Name:

Home address:

Home Phone:

Other Phone:

Name:

Home address:

Home Phone:

Other Phone:

DIETARY NEEDS, MEDICAL TREATMENT, AND MEDICATIONS: