

GULF SWIMMING
TEAM SAFETY INFORMATION
2007-2008

1. Pool Name: _____
Address: _____

Phone Number(s): _____
Location of Phone(s): _____

Pool Manager: _____
Phone Number(s): (W) _____ (H) _____

2. Club Name: _____
Safety Coordinator: _____
Address: _____

Phone Number(s): (W) _____ (H) _____

3. Club President: _____
Phone Number(s): (W) _____ (H) _____
Head Coach: _____
Phone Number(s): (W) _____ (H) _____
EMS (If not 9-1-1): _____
Poison Control: _____

4. Person(s) who will take control of an Emergency
Circle one: USA Swimming Club High School Personnel Head Coach
Other: _____
Phone: (W) _____ (H) _____

5. Location of First Aid Kit: _____
 (Required) _____
Spinal Backboard: _____

Blankets/Towels: _____

Rescue Implements: _____

6. Area Map showing location of nearest Hospital or Emergency Clinic (key map, etc.) Attach to Form.

POST COPIES OF THIS FORM AND MAPS IN COACHES OFFICE.

THIS INFORMATION IS REQUIRED FOR EACH POOL THAT IS USED BY THE TEAM.

