Beulah Recreation Association
Beulah Swim and Tennis Club (BSTC)
6724 Hopkins Road
Richmond (Chesterfield), VA 23234

Minor Child Emergency Information Form

Childs Name _____ D.O.B. ___/___/_____
Last First MI

Parent/Guardian Name _____

Address_____City/County_____State_____Zip Code_____

Home Phone _____ _____

Work Phone _____ _____ Work Phone _____ _____
Mom Dad

Cell Phone _____ _____ Cell Phone _____ _____
Mom Dad

Which parent to be contacted first? (circle one) Mom Dad

Insurance Carrier _____

Name of Policy Holder _____

Relationship to Child _____

Policy or Group # _____

Insurance ID Number _____

Name of Child's Physician _____

Phone _____ _____

Hospital Choice _____

*Parent/Guardian Signature _____

Beulah Swim and Tennis Club is not responsible for injury or claim to its members, dependents or guests.

**The above named minor has my permission to attend BSTC without a parent of guardian as outlined in the BSTC facility rules. I understand accidents and injuries may occur while using the BSTC facilities and their agents have my permission to act in my behalf and in my child's best interest in the case of a medical emergency for which I am not present.*