

# 2025 Bethel Pool

## Adult Form

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Please list any serious illness or disability that would be helpful to know in an emergency:

\_\_\_\_\_

Please list any medication(s) you are currently taking:

\_\_\_\_\_

Allergies of any kind?      Yes              No

Do any of these allergies require an epi pen?      Yes              No

If yes, do you carry one at all times?      Yes              No

Have you ever been diagnosed with heart issues?      Yes              No

If yes, please explain: \_\_\_\_\_

Do you get dizzy or pass out after exercise?      Yes              No

If yes, please explain: \_\_\_\_\_

Ever been knocked unconscious or had a concussion?      Yes              No

If yes, please explain: \_\_\_\_\_

Do you have any of the following:      Glasses/Contacts      Dental Implants      Other Implants

Tetanus Booster current?      Yes              No

In the event that you are in an accident or suffer from sudden illness while at the Bethel Pool/Facility, Pool Staff will treat you and emergency medical help will be called if deemed necessary. Every effort will be made to reach the emergency contacts listed above. By signing below, you are agreeing to these proceedings.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please note: This basic health form is used only to identify things that could affect your safety/wellbeing while enjoying our pool and facility. Forms are viewed only by the Pool Director and Head Lifeguard, and are stored in a closed binder in the pool office for quick retrieval in case of an emergency. ALL forms are shredded at the Town Office immediately after the pool closes in August.*