

# EUSAC EMERGENCY CONTACT FORM

PLEASE PRINT CLEARLY

*DIVER NAME:*

*BSAC MEMBERSHIP NUMBER:*

## **CONTACT 1**

*NAME*

*ADDRESS* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*HOME PHONE:*

*MOBILE:*

*RELATIONSHIP TO DIVER:*

## **CONTACT 2**

(SHOULD CONTACT 1 BE UN-REACHABLE)

*NAME*

*ADDRESS* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*HOME PHONE:*

*MOBILE:*

*RELATIONSHIP TO DIVER:*

INFORMATION GIVEN WILL BE KEPT CONFIDENTIAL AND USED ONLY IN THE EVENT OF  
A SERIOUS DIVING INJURY INCURRED WHILST DIVING WITH EUSAC