ANN ARBOR FIGURE SKATING CLUB

EMERGENCY INFORMATION
2011-2012

Skater's Last Name_____ First Name_____

Address_____ Home Phone_____

City_____ Zip Code_____ Work Phone_____

Parent or Spouse_____ Phone_____

Person other than parent to be notified in case of Emergency

Name_____ Phone_____

Physician_____ Phone_____

Name of Insurance Co._____ Insurance Policy #_____

I herby give permission/consent to the Ann Arbor Figure Skating Club or its representative to secure emergency medical treatment for the above name person during Club sponsored activities

_____
Member or Parent/Guardian Signature Date

Health Factors

I (my child) am subject to the following allergies or medical conditions:

_____

_____

_____

Please list below any additional religious preferences, prohibited activities, or special needs you or your child may have:

_____

_____

_____