

ANN ARBOR FIGURE SKATING CLUB
EMERGENCY INFORMATION

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 hereby give permission 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:

