

Mile 300 Figure Skating Club
Emergency Form
ONE SKATER PER FORM!

Skater Name: First _____ Init. _____ Last _____

Birth Date: _____ / _____ / _____ BC Care Card # _____
(Month) (Day) (Year)

Physical Address: _____

Home Phone: _____ Skaters Cell: _____

Mom: _____ Work #: _____ Cell #: _____

Dad: _____ Work #: _____ Cell #: _____

Emergency Contact: _____ Relationship: _____

Work #: _____ Cell #: _____

Is your daughter/son allergic to any medication(s)? Yes _____ No _____ If yes, list

Medication(s): _____

Medical History: Please list any medical problems that we should be aware of:

Mile 300 Figure Skating Club will not be responsible for any injuries incurred on or off the ice surface.

Parent or guardian signature _____ Date: _____