



Member Emergency Information

Member's Last Name: _____ **Member's First Name:** _____

School: _____ **Teacher:** _____

Home Address: _____ **City:** _____ **State:** _____

1. **Parent/ Guardian Full Name:** _____

Relationship: _____ **Parent/ Guardian Phone #:** _____

2. **Parent/ Guardian Full Name:** _____

Relationship: _____ **Parent/ Guardian Phone #:** _____

3. **Other Emergency Contact Name:** _____

Relationship: _____ **Emergency Contact Phone #:** _____

4. **Other Emergency Contact Name:** _____

Relationship: _____ **Emergency Contact Phone #:** _____

If your child becomes seriously ill or injured and in the opinion of our club staff requires immediate medical attention, if we are unable to reach you, an ambulance will be called at your expense to transport him/her to the nearest emergency hospital.

Parent/Guardian Signature: _____ **Date:** _____