Skating Club at Dartmouth
Medical Emergency Form

Skating level (please circle) PreSchool / Basic Skills / Freestyle / Adult / Professional

Name: _____ **Birthdate**: _____ **M / F**

Address: _____
Street Town State Zip

Phone: _____ **Email**: _____

Parents or Emergency Contacts:

Mother (or 1st Contact):
Name: _____
Relationship: _____
Address: _____
Home phone: _____
Work phone: _____
Cell phone: _____
Email: _____

Father (or 2nd Contact):
Name: _____
Relationship: _____
Address: _____
Home phone: _____
Work phone: _____
Cell phone: _____
Email: _____

(**For junior club members**: if above contacts cannot be reached, please supply two other contacts)

Emergency Contact
Name: _____
Relationship: _____
Address: _____
Phones: _____

Emergency Contact
Name: _____
Relationship: _____
Address: _____
Phones: _____

Medical Information:

Allergies: _____
Pre-existing medical conditions: _____
Physician/Phone: _____
Insurance: _____
Regularly taken medications: _____

In case of an accident or serious medical problem, SCAD will first contact the parent of the above-named skater or a named first contact. If unable to do so, I hereby authorize the club to contact the above named alternate emergency contacts. If unable to reach any of the listed emergency contacts, I authorize the club to make the necessary arrangements to deal with an emergency.

Parent/skater signature: _____ Date: _____
(Parent, if skater is under age 18)

Skating Club at Dartmouth

PO Box 914, Hanover, NH 03755 **603-643-8820** **Web: www.scadskaters.org** **Email: sk8info@scadskaters.org**