

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:

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

Parent or guardian signature \_\_\_\_\_ Date: \_\_\_\_\_