

Lincoln Center Skate Club Medical Emergency Information

Member Last Name

Member First Name

Parent(s)/Guardian(s)

Parent/Guardian Phone

Parent/Guardian Phone

Member Physician

Physician Phone

Please list any known allergies:

Please list current medications:

Emergency Contact Information (Parents will be called first):

Name of Emergency Contact 1

Relationship

Phone

Name of Emergency Contact 2

Relationship

Phone

Consent for Medical Attention or Treatment

I certify that I, the member, or I, the parent/guardian of said participant, give my consent to Lincoln Center Skate Club and the facility the activities are taking place in and their staff and members of Lincoln Center Skater Club, their Board of Directors, and volunteers to obtain medical care from any licensed physician, hospital, or clinic, including transportation and emergency medical services, for myself/ourselves and/or said participant for any injury that could arise from participation in these activities.

Signature of Parent/Guardian (if under age 18)

Signature of Member (if over the age of 18)

Date

