

Owatonna Figure Skating Club
EMERGENCY RECORD

Skater's Name: _____ USFSA# _____

Parent's Name: _____

Address:

Phone: _____

Cell Phone: _____

Email: _____

Skaters Birth date: _____ Age: _____ Sex: M F

In the event of an emergency, please notify: (LIST TWO)

Name: _____ Phone: _____

Name: _____ Phone: _____

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

In the event of an emergency, if the emergency contacts listed above cannot be reached, the Owatonna Figure Skating Club, its employees or officer, have the authority to have my child receive medical treatment.

(Parent or Guardian Signature)

(Please Print Name)

(Date)