

— YALE FIGURE SKATING CLUB —

Emergency Information and Medical Release Form

Name of Skater: _____

Parent/guardian if minor: _____ Cell phone: _____

Skater's primary physician: _____ Phone: _____

Preferred hospital: _____ Phone: _____

Medical insurance company: _____ Policy #: _____

Emergency contacts:

#1: _____ Phone: _____ Relationship: _____

#2: _____ Phone: _____ Relationship: _____

#3: _____ Phone: _____ Relationship: _____

Release: In case of accident involving the above-named skater, I hereby give permission to the session chair, other session supervisors, and/or the Yale Police to arrange for emergency medical treatment. I understand that an attempt will be made to notify the parent or guardian or one of the emergency contacts listed above if no parent or other responsible adult is present in the rink. I also understand that *parents or guardians of children under 8 must remain inside the rink while their children are skating*, and that *those between 8 and 12 must be left in the care of a responsible adult*.

Date: _____ Signature (parent/guardian if minor): _____

8/2009

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