

Buffalo Figure Skating Club

PARTICIPANT INFORMATION:

Last Name _____ First Name _____ M.I. _____

Home Phone Number _____ Grade _____ M/F _____

Parent/Guardian _____ Work Phone _____

Cell Phone _____

Parent/Guardian _____ Work Phone _____

Cell Phone _____

EMERGENCY INFORMATION:

Please list one additional person whom we can call if medical treatment is necessary.

Name _____ Home Phone _____

Cell Phone _____

In the case of an injury, I request that the Buffalo Figure Skating Club or my student's coach contact me. If the club or coach is unable to reach me or the persons named above, I hereby authorize the club or coach to call the physician indicated below and to follow his/her instructions. If this physician is unable to be contacted, the Buffalo Figure Skating Club or coach may make whatever arrangements necessary.

Signature of
Parent / Guardian _____

Physician Name _____ Office Phone _____

Physician's Office Address _____