

— **YALE FIGURE SKATING CLUB** —

Emergency Information and Medical Release Form

Name of Skater: _____

In case of accident involving the above-named skater, I hereby give the session chair, other session supervisors, and/or the Yale Police permission to arrange for emergency medical treatment.

Skater's primary physician: _____ Phone: _____

Preferred hospital: _____ Phone: _____

Medical insurance company: _____ Policy #: _____

I understand that the session chair will attempt to notify one of the emergency contacts below if no parent or other responsible adult is present in the rink.

Emergency contacts:

#1: _____ Phone: _____ Relationship: _____

#2: _____ Phone: _____ Relationship: _____

#3: _____ Phone: _____ Relationship: _____

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

8/95

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