

GREENVILLE FIGURE SKATING CLUB

Emergency Medical Information Form
(will be kept on file at the Pavilion)

Name of Skater _____

Address _____

City _____ State _____ ZIP _____

Phone: _____

Emergency Name/Contact _____

Emergency Name Phone _____

Doctor's Name _____

Insurance Company _____

Policy# _____

Any Medications? _____

Additional Relevant Information (if applicable)

Signature of Parent _____ Date: _____