

**2009-2010**  
**BERKLEY ROYAL BLADES FIGURE SKATING CLUB**  
**Emergency Information**

SKATER'S NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT/GUARDIAN(S) NAME: \_\_\_\_\_

WHERE PARENTS/GUARDIANS CAN BE REACHED WHEN **NOT** AT HOME:

MOTHER CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

FATHER CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

LEGAL GUARDIAN CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

LIST A NEIGHBOR OR RELATIVE WHO WILL ASSUME TEMPORARY CARE IF THE ABOVE CANNOT BE REACHED:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

MEDICAL CONDITIONS **BRBFSC** SHOULD BE AWARE OF: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In case of accident or serious illness, it is understood that the Berkley Royal Blades Figure Skating Club will take whatever immediate action is necessary for the welfare of the skater. I understand that the policy followed is to first contact me (parent or guardian). If the club is unable to reach me, I hereby authorize BRBFSC to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, BRBFSC may make any arrangements necessary for the welfare of the skater.

LOCAL PHYSICIAN'S NAME: \_\_\_\_\_ PH #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

INSURANCE: \_\_\_\_\_ PH #: \_\_\_\_\_

GROUP #: \_\_\_\_\_ CONTRACT #: \_\_\_\_\_

BRBFSC generally will send all emergencies to Royal Oak Beaumont Hospital. If another hospital is preferred please specify which hospital: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_