

ICELAND COMPETITIVE EDGE
 FIGURE SKATING CLUB
 1160 South Elms Rd. - Flint Michigan - 48532
 2015-2016 EMERGENCY INFORMATION

<i>Skaters First Name</i>	<i>Skaters Last Name</i>		
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Parent/Guardian/Spouse Name</i>	<i>Skaters Home Phone</i>		
<i>Parent/Guardian/Spouse Cell Phone</i>	<i>Parent/Guardian/Spouse Work Phone</i>		

Person other than Parent/Guardian/Spouse to be notified in case of Emergency

<i>Emergency contact Name</i>	<i>Emergency contact phone #</i>
<i>Physician Name</i>	<i>Physician phone #</i>
<i>Insurance Company Name</i>	<i>Insurance Policy #</i>

HEALTH FACTORS

I (my child) am subject to the following allergies or medical conditions:

Please list below any additional religious preferences, prohibited activities, or special needs you or your child may have:

I hereby give permission/consent to Flint Iceland Arenas, Iceland Competitive Edge Learn to Skate and Iceland Competitive Edge Figure Skate Club or their representatives to secure emergency medical treatment for the above named person during all club or rink sponsored activities.

Name (printed)

Date

Skater or Parent/Guardian Signature (If skater is under 18)