

VI RIDERS SNOWBOARD CLUB
ATHLETE EMERGENCY INFORMATION

Winter _____ SEASON

ATHLETE'S NAME: _____

DATE OF BIRTH (day/month/year): _____

MAILING ADDRESS: _____

CITY: _____ POSTALCODE: _____

HOME PHONE: _____

EMERGENCY CONTACT: _____

PHONE#: _____ CELL #: _____

FAMILY DOCTOR: _____ PHONE# _____

BC HEALTH CARE NUMBER: _____

PLEASE DESCRIBE IN DETAIL ANY ALLERGIES OR OTHER HEALTH
RELATED ISSUES THAT WE SHOULD KNOW ABOUT YOUR CHILD?
