

Grand Traverse Ski Club
Middle School Race Team
Emergency Contact Information

Racers Name: _____ Grade: _____ School: _____

Emergency Contact Names: _____ Phone Numbers: (H)ome (W)ork (C)ell

Mother's Name: _____ (H): _____ (W): _____ (C): _____

Father's Name: _____ (H): _____ (W): _____ (C): _____

In the event that neither parent can be reached please provide two emergency contacts

Name 1: _____ (H): _____ (W): _____ (C): _____

Name 2: _____ (H): _____ (W): _____ (C): _____

Additional Information

Primary Care Physician: _____ Phone Number: _____

Insurance Information: _____

Hospital Preference: _____

Any known allergies or medications currently being taken?
