



SKYRAC ATHLETIC CLUB

EMERGENCY CONTACT

Name of Athlete		Date of Birth	
First Emergency Contact Number		Contact Name #1	
		Relationship	
Second Emergency Contact Number		Contact Name #2	
		Relationship	
Medical Conditions and Current Medication			
Additional Needs (Please specify)			

Tick here..... if you **consent** to this information being used by Skyrac Athletic Club **only** in an emergency.

Signed:

Date:

Signed:

Parent/Guardian (if applicant is under 18)