

RT Junior Cycling **EMERGENCY CONTACTS**



2017

SPORTS SEASON*

CHILD'S NAME: _____

DATE OF BIRTH: _____

AGE: _____

MEDICAL CONDITIONS: _____

ALLERGIES: _____

CURRENT MEDICATIONS: _____

FAMILY DOCTOR: _____

DOCTOR'S PHONE: _____

PARENT 1 / GUARDIAN NAME: _____ **PRIMARY**

CELL PHONE: _____

WORK PHONE: _____

ADDRESS: _____

PARENT 2 / GUARDIAN NAME: _____ **SECONDARY**

CELL PHONE: _____

WORK PHONE: _____

ADDRESS: _____

ALTERNATE CONTACT'S NAME: _____

CELL PHONE: _____

WORK PHONE: _____

ADDRESS: _____

Notes:

*A NEW EMERGENCY CONTACTS SHEET MUST BE SUBMITTED YEARLY AND EVERY TIME INFORMATION CHANGES.