



SKYRAC ATHLETIC CLUB

EMERGENCY CONTACT

Contact Details (Please print)			
Name of Athlete		Athlete Date of Birth	
Emergency Contact #1 Number		#1 Contact Name	
		Relationship to Athlete	
Emergency Contact #2 Number		#2 Contact Name	
		Relationship to Athlete	
Medical Information: Conditions, Allergies, Current Medication			
Disability/Additional Needs			

Signed:.....
Parent/Guardian (if applicant is under 18)