



PUGET SOUND SPEEDSKATING CLUB ATHLETE MEDICAL INFORMATION AND EMERGENCY CONSENT FORM

This form must be completed for each athlete and signed by every parent/guardian.

FAMILY INFORMATION

Participant's Name: _____ DOB: _____

Parent/Guardian #1 Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Parent/Guardian #2 Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

INSURANCE INFORMATION

Primary Insured Name: _____ Employer Name: _____

Insurance Name: _____ ID: _____ Group: _____

MEDICAL INFORMATION

List any medical conditions that may impact participation (including allergies):

AUTHORIZATION

I authorize the coaching staff to seek emergency medical treatment for any injury or illness that I or my child might experience. I further authorize any medical staff to render medical treatment that may be deemed necessary for my/my child's care.

Parent/Guardian #1 Signature: _____ Date: _____

Parent/Guardian #2 Signature: _____ Date: _____