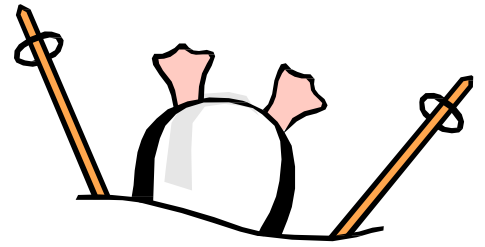


Emergency Contact Form

The purpose of this form is to give Snowriders Chaperones, the Pats Peak Ski Patrol, responding ambulance services, and Hospital services permission to provide emergency treatment for your child in the event of an illness or an injury. In the event of an injury or illness, we will attempt to contact the persons listed below at the phone numbers listed. Emergency medical treatment will not be delayed while trying to make this contact.



~ PLEASE PRINT NEATLY AND LEGIBLY ~

Child's Name: _____ D.O.B. _____ Age: _____

Address: _____
STREET AND NUMBER TOWN STATE ZIP

Home / evening phone: _____ Child's Weight: _____ (lbs.)

Cellular Phone: _____ Child's Height: _____ ft. _____ in.

Father's Name: _____ Day phone: _____
Extension? _____

Mother's Name: _____ Day phone: _____

Best Possible e-mail address: _____ Extension? _____

IN AN EMERGENCY, IF EITHER PARENT CANNOT BE REACHED, PLEASE CONTACT:

Notify: _____ Phone: _____

Relationship to child: _____ Cellular Phone: _____

Family Doctor: _____ Phone: _____

Please list any allergies or known/relevant medical information (including medications) that could affect the care of your child in an emergency situation:
IF THERE ARE NONE, PLEASE WRITE "NONE."

I (we) have read and understand the information on this emergency contact form. The information I (we) have provided is true and complete as of the date signed below. Our signature(s) below also indicate that we have read, understood, and agreed to the "Warning and Consent Agreement" that was part of the registration process.

Signature of parent or legal guardian Date Signature of parent or legal guardian Date