

**VI RIDERS SNOWBOARD CLUB
ATHLETE EMERGENCY INFORMATION**

_____ **SEASON**

ATHLETE'S NAME: _____ CELL # _____

PARENT 1 NAME: _____ CELL # _____

PARENT 2 NAME: _____ CELL # _____

YEAR OF BIRTH: YEAR _____ MONTH: _____ DAY: _____

MAILING ADDRESS: _____

CITY: _____ POSTAL CODE: _____

HOME PHONE: _____

EMERGENCY CONTACT (other than above): _____

PHONE#: _____ CELL #: _____

FAMILY DOCTOR: _____ PHONE# _____

BC HEALTH CARE NUMBER: _____

PLEASE DESCRIBE IN DETAIL ANY ALLERGIES OR OTHER HEALTH
RELATED ISSUES THAT WE SHOULD KNOW ABOUT YOUR CHILD?
