

Team Swift
Emergency Contact Information Form

To be filled out by parent, guardian, or adult participant. Please Print or Type neatly as this is extremely important information.

IDENTIFICATION

Rider Name: _____ Date of Birth: _____ Sex: M F

Name of Parent or guardian _____ Relationship to rider: _____

Home Telephone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Home address: _____ City: _____ State: _____ Zip: _____

Work address: _____ City: _____ State: _____ Zip: _____

If the person named above is not available in the event of an emergency, notify

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name of personal physician _____ Phone: _____

Personal health/accident insurance carrier _____ Policy No. _____

<p>I give permission for full participation in Team Swift programs.</p> <p>In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if the participant is an adult).</p> <p>Signature of parent/guardian or adult _____</p> <p>Date: _____</p>
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Note: This form needs to accompany the Medical Health Information Form for history of the rider.