

Emergency Notification Form

Name: _____
First Middle Last

Social Security Number: _____

Do you have any personal, physical, or mental complications for which you might need assistance while attending this activity? YES NO

If yes,
describe: _____

In case of an emergency, do you have medical concerns, which need to be kept on record?
(Examples: allergies, heart problems, medications, etc...) YES NO

If yes, describe: _____

List of persons to contact in case of an emergency:

1. Name: _____
First Last

Phone: _____

Relationship: _____

2. Name: _____
First Last

Phone: _____

Relationship: _____

Your Signature: _____ Date: _____