

Water Bugs Ski Club  
2023 Emergency Form  
(Complete for all members)

1. **Participants Full Name** \_\_\_\_\_ **DOB** \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

2. **Participants Full Name** \_\_\_\_\_ **DOB** \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

3. **Participants Full Name** \_\_\_\_\_ **DOB** \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

4. **Participants Full Name** \_\_\_\_\_ **DOB** \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

**Emergency Contacts**

1. Name \_\_\_\_\_ Relation \_\_\_\_\_  
Phone number \_\_\_\_\_

2. Name \_\_\_\_\_ Relation \_\_\_\_\_  
Phone number \_\_\_\_\_

3. Name \_\_\_\_\_ Relation \_\_\_\_\_  
Phone number \_\_\_\_\_

**Insurance Information**

Policy holder \_\_\_\_\_  
Policy number \_\_\_\_\_ Group Number \_\_\_\_\_

**Consent for Medical Treatment**

As the participant, parent or legal guardian of the above-named participant, I hereby give consent for medical care by a licensed Doctor of Medicine, Doctor of Dentistry, Paramedic or Certified Athletic Trainer. This care may be given under whatever conditions necessary to preserve the life, limb or well-being of the participant.

Signature \_\_\_\_\_ Date \_\_\_\_\_