

**TROY SKATING CLUB
EMERGENCY MEDICAL FORM
2001/2002**

Child's Name _____

Date _____

Address _____

Birthdate _____

Telephone _____

Who to contact in case of an emergency?

Name _____

Telephone _____

Relationship _____

Physician's Name _____

Telephone _____

Medical History

Does your child have a medical condition the staff should be aware of? Y N

Please explain: _____

Liability Waiver

I understand that Hobart Arena, the Troy Skating Club, the Professional Staff or any assistants shall not be responsible for any accidents, injuries, loss of personal property, or personal property damage, on or off the ice.

(signature of parent/legal guardian)

(date)