Chippewa Lake Water Ski Show Team
Emergency Contact & Medical Information-Parents & Individuals

Each Parent/Individual Member Must Complete a Separate Form-Please see Minor form for Children

_____ M F _____
Member Parent/Individual Name Sex Date of Birth

_____ _____
Member Parent/Individual Email Address **MEDICATIONS YOU ARE CURRENTLY TAKING**

_(_____)_____ _____
Cell Phone **ALLERGIES (MEDICATION, FOOD, INSECT BITES, OTHER) – If None, Please Write "None"**

_(_____)_____ _____
Home Phone **ALLERGIES (Cont)**

_____ _____
Address **ANY OTHER MEDICAL/HEALTH CONSIDERATIONS**

_____ _____
City, State Zip **ANY OTHER MEDICAL/HEALTH CONSIDERATIONS**

Alternative Emergency Contacts

_____ _____
Primary Emergency Contact Secondary Emergency Contact

_(_____)_____(_____)_____ _(_____)_____(_____)_____
Cell Phone Home Phone Cell Phone Home Phone

_____ _____
Relationship Relationship

Medical Information

_____ _____
Hospital/Clinic Preference Insurance Under Parent/Individual Name

_____ _____
Physician's Name Physician's Phone Number

_____ _____(_____)_____
Insurance Company Policy # Phone

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. I release the Chippewa Lake Water Ski Show Team and individuals from liability in case of accident during activities related to the Chippewa Lake Water Ski Show Team, as long as normal safety procedures have been taken.

_____
Member Parent/Individual Signature **Date**

Additional Forms available on the Website at www.chippewaskiteam.com