

Supplemental Member Information

Please fill out this form and return to the address below as early as possible for entry into the unit database. Many events that we register for require this information for emergency purposes. Having the information on file will facilitate the registration process. It will also be kept on hand in case any of us suffer a medical emergency while at an event. Parents, please fill this out for each participating child as well.

Member's Name: _____

Birth Date: _____

Emergency Contact: _____

Relationship: (to Contact) _____

Day Phone: _____

(for Emergency Contact)

Evening Phone: _____

(for Emergency Contact)

Medications/Conditions: _____

(Also available on the website at: <http://www.ggw.org/~u140th/medical.htm>)