

BROOKLYN FIGURE SKATING CLUB OF OHIO

7600 MEMPHIS AVENUE
BROOKLYN, OHIO 44144

MEDICAL FORM

Skater's Name _____ Parent or Guardian _____

Address _____ City _____ State _____ Zip Code _____

Phone _____ Age _____ Date of Birth _____

Parent or Guardian's Business Phone Number _____

Person to contact in an emergency if parent or guardian cannot be reached:

Name _____ Home phone _____ Work phone _____

Address _____ City _____ State _____ Zip Code _____

Family Doctor (Used in emergency only):

Name _____ Phone number _____

Address _____ City _____ State _____ Zip Code _____

Family Dentist (Used in emergency only):

Name _____ Phone number _____

Address _____ City _____ State _____ Zip Code _____

Please List any known allergies or medical conditions that would be relevant in case of an emergency:
