

Placer Foothills MTB Club/Composite Race Team
Rider Emergency Information Card

Name: _____ Date of Birth: _____

Address: _____ Telephone: (____) _____

Name Home # Work # Cell #

Name Home # Work # Cell #

If Parent cannot be reached, alternate contact

Name Relationship Home # Work # Cell #

Please list any of your child's medical conditions:

Please list medications your child is currently taking:

Please list any allergies your child has:

Please list any previous serious injuries/surgeries:

Family Doctor: _____ Phone # _____

IN CASE OF AN EMERGENCY, if a parent/guardian cannot be reached, I hereby authorize a representative of Placer Foothills MTB Club to arrange as he/she considers necessary for my child to receive medical or hospital care, including the physician named above to undertake such care and treatment of my child as he/she considers necessary. In the event the said doctor is not available, I authorize such care and treatment to be performed by any licensed physician or surgeon. I hereby agree to bear all costs incurred as a result of the foregoing.

Parent/Guardian Signature

Date