

UASC Medical Form

Required for all skaters before stepping onto the ice, updated every year.

Skater Name: _____
Skaters Date of Birth: _____
Address: _____
Town, State, Zip: _____
Phone: _____
Email: _____

Parents/Guardians:
Name: _____
Relationship: _____
Phone: _____
Email: _____

Emergency Contacts (non parent):
Name: _____
Relationship: _____
Phone: _____
Email: _____

Allergies: _____
Medical Conditions: _____
Medications: _____
Physician: _____
Physician Phone : _____
Dentist: _____
Dentist Phone: _____

Insurance Company: _____
Phone/Address: _____
Policy Holder Name: _____
Insurance Policy #: _____
Insurance Group #: _____

In a medical emergency I authorize UASC to contact the emergency contact for the above named skater. If unable to reach any of the listed emergency contacts, I authorize UASC to make necessary arrangements to deal with the emergency.

Parent/Skater Signature: _____ Date: _____
(Parent is skater under 18 years of age)