

The Horner Cycling Foundation
Emergency Contact Form

To be filled out by adult participant, or parent/guardian for minor participant. Please print or type clearly.

IDENTIFICATION

Rider Name: _____ Date of Birth: _____ Sex: _____

Home address: _____

For Participants Under the Age of 18:

Name of Parent or guardian: _____ Phone: _____

Name of Parent or guardian: _____ Phone: _____

In Case of An Emergency, Please Notify:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name of Health Care Provider: _____ Phone: _____

Personal health/accident insurance carrier: _____

Subscriber: _____

Policy No.: _____

<p>I give permission for full participation in The Horner Cycling Foundation programs.</p> <p>In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if the participant is an adult).</p> <p>Signature of Participant (Or Parent/Guardian if Participate is a Minor):</p> <p>_____</p> <p>Printed Name:</p> <p>_____</p> <p>Date: _____</p>
