



PERMISSION TO TREAT IN CASE OF AN EMERGENCY

I, the undersigned, give permission in the event of an emergency for a representative of the Glen Ellyn Speedskating Club to authorize whatever treatment may be necessary if I am unable to do so.

NAME (please print) _____

SIGNATURE _____

DATE _____

If the skater is a minor under the age of 18 years, please have parent or legal guardian complete the information below.

NAME (please print) _____

SIGNATURE _____

DATE _____