



GLEN ELLYN SPEEDSKATING PERSONAL INFORMATION (2006 -2007)

SKATERNAME: _____

NAME OF PARENT OR LEGAL GUARDIAN (if under 18):

MAILING ADDRESS (street, city, state and zip):

EMAIL ADDRESS: _____

2ndEMAILADDRESS: _____

HOME PHONE# (include area code): _____

WORK PHONE# (include area code): _____

CELL PHONE# (include area code): _____

2nd WORK PHONE# (include are code): _____

2nd CELL PHONE# (include area code): _____

EMERGENCY INFORMATION

In the event of an emergency, please list contact information

NAME OF CONTACT: _____

PHONE # (include area code): _____

CELL PHONE# (include area code): _____

KNOWN ALLERGIES TO ANY MEDICATIONS: _____
