

**Downtown Sailing Center
Emergency Information Form**

Member Name _____

Date of Birth _____

Gender __Male __Female

Address _____

Telephone _____

In Case of Emergency Notify:

Name _____

Relationship _____

Address _____

Telephone (home) _____

Telephone (work) _____

Telephone (cell) _____

Family Insurance _____

Policy or Group # _____

Are you taking any medications?_____ If so, what?_____

Do you have any allergies?_____

Please note here if there are any conditions that we should be aware of. If you are taking classes, please let your instructor know about it as well:

