Flushing Community Schools

RAIDER FITNESS CLUB
EMERGENCY CARD

Name of Member: _____
Last First Middle Initial

Home Address: _____
Street City Zip Code

Emergency Contact: _____ Home/Cell Phone: _____

Allergies/Medical information we should be aware of: _____

_____

Additional Emergency Contact: _____Home/Cell Phone: _____

Additional Emergency Contact: _____Home/Cell Phone: _____

Member Signature: _____Date: _____

FOR OFFICE USE ONLY

Residency Verified: _____ Date: _____