

Carry this information in your glove box for emergency use.

IN CASE OF AN EMERGENCY for .....

Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Do you have private health cover? Y / N Name of fund \_\_\_\_\_

Doctor to be contacted in emergency \_\_\_\_\_ Ph \_\_\_\_\_

Please list any allergies, disabilities or other health issues that the club should be aware of.

\_\_\_\_\_

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