**PERSONAL EMERGENCY NOTIFICATION INFORMATION**

**\*DBL Click checkbox to active selector**

**Team Status: Member**  **Recruit**

**Date of Enrolment:**

**Name:** **Date of Birth:**

**Address:** **City:**  **Prov:**

**Home Phone Number:**

**Cell Phone Number**:

**E-mail Address:**

**IN CASE OF EMERGENCY NOTIFY: Primary**

**Name:** **Relationship:**

Check if same as above

**Address: City: Prov:**

**Home Phone Number: Cell Phone Number:**

**IF UNABLE TO REACH ABOVE NOTIFY: Secondary**

**Name:** **Relationship**:

Check if same as above

**Address:** **City:**  **Prov:**

**Home Phone Number: Cell Phone Number:**

List any medical conditions/allergies that would assist in providing immediate assistance or proper notification to medical authorities if needed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** **Date:**