



Emergency Contact and Medical Information Form

Child's Name

Date of Birth

Primary Parent/Guardian's Name

Secondary Parent/Guardian's Name

Email

Email

Home Phone

Cell Phone

Home Phone

Cell Phone

Address

Address

City, Postal Code

City, Postal Code

Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

Email

Email

Home Phone

Cell Phone

Home Phone

Cell Phone

Medical information

I give permission for my child to go on adventures within a 5km radius of the Willow Ridge Community Association. I release Willow Ridge Community Association and its employees from liability in cause of accident during activities related to WRCA as long as normal safety procedures have been taken.

Parent/Guardian Signature

Date