

BOOTS 'N' BUCKLES DANCE CLUB

EMERGENCY INFORMATION

Member Name _____ **Home Phone** _____
Cell Phone _____

Emergency Contact #1 _____ **Home Phone** _____
Cell Phone _____

Emergency Contact #2 _____ **Home Phone** _____
Cell Phone _____

Physician Name _____
Medical Facility _____ **Phone** _____

The Undersigned voluntarily releases the above information to the Boots 'n' Buckles Board members to be used in the event of an emergency.

Signature _____ **Date** _____