**Participant Information Card (form SF-4)**

This should be completed by anyone under your duty and care (under the age of majority). It should also be completed and submitted by your staff. Finally, the ‘person to contact in case of emergency’ should be part of your membership application form.

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| **EMERGENCY CONTACT INFORMATION** | |
| **Person to contact in case of emergency** | |
| Daytime phone: **( ) -** | Evening phone: **( ) -** |
| Mobile telephone: **( ) -** |  |
| **Alternate emergency contact** | |
| Daytime phone: **( ) -** | Evening phone: **( ) -** |
| Mobile telephone: **( ) -** |  |