

Emergency Contact Information

A copy of this form must be a) on file with SALD and b) on site for all activities, both home and away

| Academic Year: _ | August 25, 2014 – August 24, 2015 | _Your Level: | Fresh Jr. | Soph | Senior Grad | Other |
|-------------------------|---|--------------|-----------|------|-------------|-------|
| Name: | | Ph | Phone: | | | |
| Club: <u>University</u> | of Cincinnati Mountaineering Club (U | CMC) | | | | |
| M Number: | Email: | | | | | |
| | dress (apt/room#, dorm, street, city, st | | | | | |
| Permanent/Hom | ne Address(street, city, state, zipcode): | | | | | |
| Roommates Nam | nes & Phone number: | | | | | |
| Who do we cont | act in case of an emergency: | | | | | |
| Name: | | | | | | |
| Relationship: | | | | | | |
| Address: | | | | | | |
| Phone (H): | | | | | | |
| Phone (W): | | | | | <u>-</u> | |
| Cell Phone: | | | | | | |
| Insurance Compa | any: | | | | | |
| Policy #: | Group #: | | | | | |