

**EMERGENCY CONTACT FORM**

*For USPC Members above the age of majority*

USPC Member: \_\_\_\_\_ Current Age: \_\_\_\_\_ State of Residence: \_\_\_\_\_

Competition Name: \_\_\_\_\_ Competition Date: \_\_\_\_\_

Emergency Contact 1 Name: \_\_\_\_\_

Emergency Contact 1 Relationship to Competitor: \_\_\_\_\_

Emergency Contact 1 Home Phone Number: \_\_\_\_\_

Emergency Contact 1 Cell Phone Number: \_\_\_\_\_

An additional Emergency Contact can be included but is not required.

Emergency Contact 2 Name: \_\_\_\_\_

Emergency Contact 2 Relationship to Competitor: \_\_\_\_\_

Emergency Contact 2 Home Phone Number: \_\_\_\_\_

Emergency Contact 2 Cell Phone Number: \_\_\_\_\_