

# Angler Information and Emergency Contact Info [\(Printable Version\)](#)

Anglers Name	Date of Birth	
Address	City, State, Zip	, MI
Home Phone	Cell Phone	
Email Address		
Medical Information or History	<input type="checkbox"/> Check here if NO pertinent information	
Medications currently taken	<input type="checkbox"/> Check here if None Being Taken	
Known or suspected allergies	<input type="checkbox"/> Check here if none known	
<b>Emergency contact information</b>		
<b>Contact 1</b>	Name	Relationship
	Address	City
	Home Phone	Cell or Other Phone
<b>Alternate Contact 2</b>	Name	Relationship
	Address	City
	Home Phone	Cell or Other Phone
<b>Alternate Contact 3</b>	Name	Relationship
	Address	City
	Home Phone	Cell or Other Phone
Other Notes you feel may be important		

Submit Reset

Parents or Guardians Signature

**PRINT THIS FORM BEFORE YOU SUBMIT IT AND HAVE A PARENT OR GUARDIAN SIGN IT AS A PERMISSION FORM TO PARTICIPATE IN THE CLUB**

**You can either SUBMIT this form, or just fill it out (and print it with out submitting) and provide a hard copy to the club. If you choose to "Submit" the info will be emailed directly to the Club Youth Director, Greg Choiniere.**