

**SVC Member Emergency Contact Information**  
(Print 1 for each participant)

**Member (participant) Information:**

Name \_\_\_\_\_

**Emergency Contact Information:**

**Primary Emergency Contact:**

Name \_\_\_\_\_

(someone who is NOT a participant on the run)

Relationship \_\_\_\_\_

Cell phone \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

**Secondary Emergency Contact:**

Name \_\_\_\_\_

(someone who is NOT a participant on the run)

Relationship \_\_\_\_\_

Cell phone \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

**Medical issues we might not be aware of but should know: (allergies,  
health issues, etc.):**

**Other issues**