



***Synchronized skating competition 13.-16.12.2018 Riga, Latvia***

**SKATER HEALTH CARE**

**Form 6**

**This form please show at the accreditation desk**  
(please type or write in capital letters)

Name:	
Passport Nr.	
Member:	
Discipline:	
Emergency contact Name and phone Nr.:	

Current medical status:	
Please list Your status any medication required	

Allergies:	Yes _____ No _____
Food	
Medications	
Pollen	
Dust	
Other	

Date:	Title:	Signature:
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