

**RCT ALPINE STAGES CYCLING TRIP  
EMERGENCY CONTACT INFORMATION**

**CYCLIST (PARTICIPANT'S) INFORMATION**

NAME: \_\_\_\_\_ MALE  FEMALE

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE/PROVINCE: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

NAME OF EMERGENCY CONTACT (family member, etc. who will NOT be traveling with you): \_\_\_\_\_

HOME PHONE # OF EMERGENCY CONTACT: \_\_\_\_\_

CELL # OF EMERGENCY CONTACT: \_\_\_\_\_

**CONSENT TO EMERGENCY MEDICAL TREATMENT**

I, \_\_\_\_\_ CONSENT TO MEDICAL TREATMENT IN THE CASE OF A MEDICAL EMERGENCY THAT RENDERS ME UNABLE TO COMMUNICATE HEALTHCARE DECISIONS FOR MYSELF, DURING THE PERIOD THAT I WILL BE PARTICIPATING IN THE REILLY CYCLING TOURS TRIP.

\_\_\_\_\_  
(participant's signature required)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature of witness)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature of witness)

\_\_\_\_\_  
(date)

**PLEASE NOTE!**

➤ THIS FORM MUST BE RECEIVED PRIOR TO THE START OF YOUR REILLY CYCLING TOURS TRIP

*If you have any questions, please contact us at (631) 484-6545*