ATHLETIC EMERGENCY INFORMATION

Athlete's Name_____Date of Birth_____
(First) (MI) (Last)
Address_____Phone_____

Father/Guardian_____Phone_____

Address_____Cell Phone_____

Email Address_____

Place of Employment_____Phone_____

Mother/Guardian_____Phone_____

Address_____Cell Phone_____

Email Address_____

Place of Employment_____Phone_____

Which parent should be notified in case of illness or accident?_____

In Case of Emergency Notify_____Phone_____
(Other than yourself) Cell Phone_____

Physician_____ Clinic_____ Phone_____
Hospital_____ Phone_____
Dentist_____ Phone_____

Known allergies to drugs and anesthetics_____

Insurance Company _____ Policy Number_____

In case of emergency occasioned by an accident or injury, I give my permission to have the perspective coach consent to needed emergency medical attention by the nearest physician and/or hospital.

Parent/Guardian Signature_____ Date_____

For Program Use Only

Uniform Size:
Jersey – Youth Adult Shorts – Youth (6") Adult (7") Adult (9")
S M L XL S M L XL

Paid_____ Deposit_____