

PERSONAL AND EMERGENCY INFORMATION

This information must be filled out and handed back to your coach prior to the first game date. If this form is not completed you will be ineligible to play until your coach has this information.

PERSONAL INFORMATION

Student's Name _____ Age _____ Grade _____

Current Address _____

Current Home Phone # _____ Parent/Guardian Current Cell Phone # _____

Parent/Guardian Current email address: _____

EMERGENCY INFORMATION

Primary Emergency Contact Person's Name _____ Relationship _____

Address _____ Emergency Contact Phone # _____

Secondary emergency Contact Person's Name _____ Relationship _____

Address _____ Emergency Contact Phone # _____

Medical Insurance Carrier _____ Policy Number _____

Family Physician's Name _____ Telephone # _____

Student's Allergies _____

Student's Health Condition(s) of Which an Emergency Physician Should be Aware _____

Student's Prescription Medications _____
