

SCHOOL YEAR: _____

EMERGENCY CONTACT INFORMATION

GRADE: _____

ATHLETE'S FULL LEGAL NAME: _____

LAST

FIRST

MIDDLE

AGE: ___ BIRTHDAY: ___/___/___ SEX: ___ HOME PHONE:_(_____)_____-____- ATHLETE CELL:_(_____)_____-____-

HOME ADDRESS: _____ CITY: _____ ZIP: _____

FATHER'S NAME: _____ CELL:_(_____)_____-____-

LAST

FIRST

MIDDLE

EMPLOYER FULL NAME: _____ WRK PHONE:_(_____)_____-____-

EMPLOYER ADDRESS: _____ CITY: _____ ZIP: _____

MOTHER'S NAME: _____ CELL:_(_____)_____-____-

LAST

FIRST

MIDDLE

EMPLOYER FULL NAME: _____ WRK PHONE:_(_____)_____-____-

EMPLOYER ADDRESS: _____ CITY: _____ ZIP: _____

EMERGENCY CONTACT IF THE PARENTS CAN NOT BE REACHED: _____

LAST

FIRST

MIDDLE

CELL PHONE:_(_____)_____-____- WRK PHONE:_(_____)_____-____- HOME PHONE:_(_____)_____-____-

PRIMARY INSURANCE INFORMATION:

COMPANY NAME: _____ POLICY#: _____

GROUP #: _____ ID#: _____ TELEPHONE:_(_____)_____-____-

MEDICAL HISTORY (CHECK ALL THAT APPLY): ___DIABETES ___EPILEPSY ___ASTHMA ___HEART PROBLEMS

___DRUG ALLERGIES (LIST ALL): _____

DO YOU TAKE MEDICATION REGULARY? IF SO, LIST ALL: _____

ARE THERE ANY MEDICAL CONDITIONS AN EMERGENCY PRVIDER SHOULD KNOW ABOUT? IF SO, LIST ALL: _____

PARENT/GAURDIAN SIGNATURE: _____ ATHLETE'S SIGNATURE: _____