

EMERGENCY INFORMATION

Please Print All Information

Please check all that apply: JV Varsity
 Soccer Basketball Cheerleading Baseball Softball

STUDENT NAME _____

PARENTS/GUARDIANS NAME _____

HOME PHONE (_____) _____

WORK PHONE (_____) _____

CELL PHONE (_____) _____

PLEASE LIST AN EMERGENCY CONTACT PERSON WHO WILL TAKE RESPONSIBILITY FOR THE STUDENT IF A PARENT/GUARDIAN CANNOT BE REACHED.

NAME _____

RELATIONSHIP TO CHILD _____

HOME PHONE (_____) _____

CELL PHONE (_____) _____

ARE THERE ANY MEDICAL CONDITIONS OR ALLERGIES THAT THE COACH SHOULD BE AWARE OF:
