

# EMERGENCY INFORMATION

Please Print All Information

Please check all that apply:  JV  Varsity  Instructional  
 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_