



# EMERGENCY FORM

Player's Name: \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address: \_\_\_\_\_

## Parent / Guardian Information:

Father's/Guardian Name \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mother's/Guardian Name \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference \_\_\_\_\_

## Insurance Information:

Carrier: \_\_\_\_\_ Group: \_\_\_\_\_ ID \_\_\_\_\_

## Persons to Contact in case you are unable to be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

## Medical Information:

Allergies \_\_\_\_\_

Medical Conditions to be aware of (asthma, etc.) \_\_\_\_\_

Medications: \_\_\_\_\_

Precautions or Procedures to follow: \_\_\_\_\_

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