



CO-CURRICULAR

EMERGENCY/INSURANCE INFORMATION

This form will help our coaches/advisors in the event of an injury or emergency.

Player Information:

Name: _____
Home Address: _____
Home/Primary Phone: _____
Age: _____
Birthdate: _____

Parent/Guardian Information:

Mother: _____
Cell Phone: _____ Work Phone: _____
Father: _____
Cell Phone: _____ Work Phone: _____
Guardian: _____
Cell Phone: _____ Work Phone: _____

In Case of Emergency:

Medication presently used: _____
Medication Allergies: _____
Doctor: _____
Doctor Phone: _____
Insurance Co: _____
Policy/Group#: _____
Name insurance is under: _____

In the event you cannot be reached:

Family Member or Friend you would like contacted:
Name: _____
Phone: _____
Address: _____

Parent/Guardian _____