



# EMERGENCY & CONTACT INFORMATION FOR YOUTH RECREATION SPORTS

Please return completed form to your head coach at your next practice/game. If the form is not returned your child will not be able to participate in the next practice/game and will NOT be able to until the form is returned. The form will be kept at the front desk at the Athletic Complex and will be used if needed. The form will be shredded at the end of the season.

Participant Name: \_\_\_\_\_

## MEDICAL INFORMATION & CONSENT

Physician's Name: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Allergies/Medical Condition(s): \_\_\_\_\_

Medication(s): \_\_\_\_\_

*I hereby grant consent to any and all health care provider(s) to administer any necessary medical care as a result of injury/illness. This consent includes First Aid and transportation to/from health care providers.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EMERGENCY CONTACT

Emergency Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

## CONTACT INFORMATION

To make sure you receive all important weather cancelations, please complete the following information. Text messages will only be sent for weather cancelations. You may add as many cell phone numbers as you wish. Please note who the number belongs to. It is important to list the carrier for the cell phone to make sure you will receive it (ie Verizon, AT&T, T-Mobile)

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

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Carrier: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Carrier: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Carrier: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Carrier: \_\_\_\_\_