

Player Emergency Contact Information Form

Child's Name: _____ Birth date: _____

Legal Guardian #1:

Name: _____ Relation: _____

Telephone Numbers: Home: _____ Cell: _____

Legal Guardian #2:

Name: _____ Relation: _____

Telephone Numbers: Home: _____ Cell: _____

Emergency Contacts

(to whom child may be released if legal guardian is unavailable):

Name: _____ Relation: _____

Address: _____

Telephone Numbers: Home: _____ Cell: _____

Special Conditions, Disabilities, Allergies, or Medical Information for Emergency Situations:

(attach: Special Care Plan and/or Emergency procedure for children with special needs form)
