



EMERGENCY CONTACT INFORMATION

PLAYER INFORMATION

NAME _____

Address _____

City, State and Zip _____

DOB and AGE _____ CURRENT GRADE and SCHOOL _____

PARENT GUARDIAN INFORMATION

NAME _____ Relationship to Player _____

HOME PHONE _____ CELL PHONE _____ WORK _____

CONTACTS

I hereby authorize the following persons to be contacted in case of an emergency in the event that I or the other parent / guardian is not available. I hereby authorize that my child/children may be released to the following persons. I understand that they may be required to show a picture ID at time of pick-up.

NAME _____ Relationship to Player _____

PHONE _____

NAME _____ Relationship to Player _____

PHONE _____

PARENT GUARDIAN SIGNATURE

DATE