

Interscholastic Athletics Emergency Information

Name: _____ Birthdate: _____ Age: _____

Address: _____

Grade: _____

Father's/Guardian Name: _____

Place of Employment: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Mother's/Guardian Name: _____

Place of Employment: _____

Home Phone: _____ Work Phone: _____ Cell: _____

In the event you cannot be reached in an emergency, please give the name of an emergency contact person below.

Name: _____

Address: _____

Phone Number: _____

Family Doctor: _____

Phone Number: _____