

Season _____

EMERGENCY & PARTICIPANT INFORMATION FORM

DIVISION: Flag Jr. Gremlin Gremlin Jr. Pee-Wee Pee-Wee Jr. Midget

Participant's Name _____ Home#(_____) _____ DOB _____

Insurance Carrier Name _____ Insurance Phone Number(_____) _____

Member Number _____ Physician Name: _____

Preferred Hospital/Clinic _____

List any learning or physical challenges: _____

Medical Needs/Allergies/or other medical problems: _____

ASTHMA/BREATHING Problems _____ INHALER REQUIRED _____ (If your child requires an INHALER, I will need one on the field. Please bring an extra inhaler in a zip lock bag with his/her name on the bag and inhaler).

Father: _____ Employer: _____

Cell Phone:(_____) _____ Work# (_____) _____ ext/dept _____

Mother: _____ Employer: _____

Cell Phone:(_____) _____ Work# (_____) _____ ext/dept _____

Guardian: _____ Employer: _____

Cell Phone:(_____) _____ Work# (_____) _____ ext/dept _____

EMERGENCY CONTACT-FRIEND/RELATIVES/NEIGHBOR

Name: _____ Relationship: _____ Phone# _____ cell/home

Name: _____ Relationship: _____ Phone# _____ cell/home

Name: _____ Relationship: _____ Phone# _____ cell/home

If you're on staff with a different team, please make sure to leave a cell phone number so we can get a hold of you in case of an emergency:

Name _____ Cell Number _____ Division _____ cheer/football