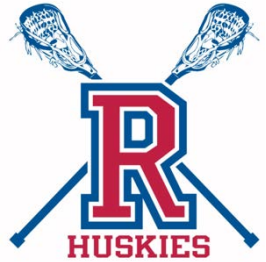


Emergency Information Sheet



Player Name _____

Primary (*Parent/Guardian*) Contact Name _____

Phone _____ E-mail _____

Relationship: _____

Secondary Contact Name _____

Phone _____ E-mail _____

Relationship: _____

Insurance Information

Provider _____

Number _____

Hospital preference _____

Special Conditions/
Allergies _____

I hereby authorize the coaching staff of High Sierra Lacrosse to provide medical direction to health care practitioners in case of my absence.

Parent Signature

Date

I am interested in participating in the following committees (check at least 1):

- Fundraising Committee
- Events Committee
- Game Committee
- Administration Committee