

EMERGENCY CONTACT FORM & HEALTH HISTORY

Name _____ Birth Date _____

Personal Contact Info:

Home Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Email Address: _____

Emergency Contact Info:

Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

I have voluntarily provided the above contact information and authorize JP Weightlifting and its representatives to contact any of the above on my behalf in the event of an emergency.

Athlete Signature _____ **Date** _____

Health History:

Please list out any surgeries or previous injuries that may impact your training and what year they took place:

