

EMERGENCY CONTACT FORM & HEALTH HISTORY

Name _____ Birth Date _____

Personal Contact Info:

Home Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Email Address: _____ Employer _____

Emergency Contact Info:

Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____

Medical Contact Info:

Doctor Name. _____ Phone # _____

I have voluntarily provided the above contact information and authorize _____ 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:

