



Athlete Emergency Contact Form



STUDENT INFORMATION:

Student Name: _____ Birth M/Y: _____

Address: _____ City: _____ Zip: _____

Cell Number: _____ Year in school (please circle): 8 9 10 11 12

EMERGENCY CONTACT INFORMATION: Please provide information for primary and alternative contact persons who may be notified in case of an emergency.

Name of Primary Contact: _____ Relation: _____

Address: _____ City: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

Name of Alternative Contact: _____ Relation: _____

Address: _____ City: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

CONDITIONS/ISSUES:

Please list any medical issues the student may have; i.e. asthma, allergies.....

The information requested on this form is confidential and for emergency use only. In the event of an emergency while participating in an athletic event, the information will be used by Serving Tri-County Volleyball Club personnel. Please provide accurate, complete and true information.

In case of an emergency, I give permission for my information to be released for emergency purposes. I also agree that any of my emergency contacts listed on this card may be notified in an emergency, as needed.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Print: _____