

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 SELECT ONE ▼ INHALER REQUIRED SELECT ONE ▼ (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