



GIVE IT YOUR ALL SPORTS



Emergency Contact Information

Child's Name: _____ Parent's Name: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Home Address: _____

Primary Emergency Contact Name: _____

Relationship: _____

Home: _____ Cell: _____

Work: _____

Secondary Emergency Contact Name: _____

Relationship: _____

Home: _____ Cell: _____

Work: _____

Preferred Local Hospital: _____

Insurance Information:

Company: _____ Policy#: _____

Comments (Include any special medical or personal information you would want an emergency care provider to know – or special contact information):

Password (a word or phrase that is familiar ONLY to those picking up your child): _____

Parent Signature: _____ **Date:** _____