

Club Participant Emergency Information Form

***This form should be completed by each participant and shall remain in the possession of the club president or coach to be used in the event of an emergency. A copy should be submitted to the club sports office.***

Participants Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Local Address and Phone: \_\_\_\_\_

Permanent Address and Phone: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (day): \_\_\_\_\_ Phone (evening): \_\_\_\_\_

Please record any medications you are taking: \_\_\_\_\_

Please specify any allergic reactions, dietary restrictions, or other medical conditions that you have:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your medical insurer \_\_\_\_\_ Doctor's name \_\_\_\_\_ Phone \_\_\_\_\_

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