

EMERGENCY CARD

ATHLETE'S NAME: _____ BIRTH DATE: _____ SS# _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN ADDRESS: _____

PARENT/GUARDIAN HOME PHONE: _____ WORK PHONE: _____

INSURANCE COMPANY: _____

INSURANCE CO. PHONE # _____ POLICY/ID# _____ GROUP# _____

ALLERGIES: _____ 2ND EMERGENCY CONTACT: _____

ADDITIONAL NOTES: _____

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