

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: \_\_\_\_\_ 2<sup>ND</sup> EMERGENCY CONTACT: \_\_\_\_\_

ADDITIONAL NOTES: \_\_\_\_\_

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