

PLAYERS' MEDICAL INFORMATION

TEAM NAME \_\_\_\_\_ COACH \_\_\_\_\_  
AGE U- \_\_\_\_\_ BOYS \_\_\_\_\_ GIRLS \_\_\_\_\_

PARENTS: Is there any medical information we should be aware of when working with your player? Please complete the form below, and indicate 2 contact people for your child that we would likely be able to reach in case of an emergency. (In case you would not be there.)

PLAYER'S NAME:	1st CONTACT PERSON & PHONE	2nd CONTACT PERSON & PHONE
-------------------	-------------------------------	-------------------------------

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_

(PLEASE SEE BACK FOR MEDICAL INFORMATION NEEDED.)