



EMERGENCY FORM

PARTICIPANT INFORMATION

FIRST Name:

LAST Name:

Date of Birth: _____ Age: _____ Gender: Male Female

Address: _____

Phone Number: _____ Cell Number: _____

Medical Facility & Doctor: _____

EMERGENCY CONTACT INFORMATION

Please provide information for primary & alternative contacts who may be notified in case of an emergency.

Name of **PRIMARY** Contact: _____ Relation: _____

Primary Phone: _____ Alternate Phone: _____

Name of **ALTERNATIVE** Contact: _____ Relation: _____

Primary Phone: _____ Alternate Phone: _____

MEDICAL INFORMATION

Please list any medical condition(s) the player may have: (asthma, allergies, etc.)

If an injury or medical emergency has occurred,

Immediately Notify:
Safety Officer David Holtz
David@rcll.org

THANK YOU!

DOES PLAYER REQUIRE ITEM(S) TO BE WITH HIM/HER AT ALL TIMES:

	<u>YES</u>	<u>NO</u>
EPIPEN:	<input type="checkbox"/>	<input type="checkbox"/>
INHALER:	<input type="checkbox"/>	<input type="checkbox"/>

