

Worth Athletic Association Emergency Information Form

Division: _____

Players Name: _____ Age: _____ Gender: M / F (Circle) Birth Date: _____

Shirt Size: (Adult or Youth) S, M, L, XL

Pants Size: (Adult or Youth) S, M, L, XL

Medical allergies/medication or significant medical issues: _____

Please Check Primary Contact:

Mother's name: _____ Home # _____ Work# _____ Cell# _____

Father's name: _____ Home# _____ Work # _____ Cell# _____

*Primary E-Mail Address: _____

Insurance Company: _____ Policy number: _____

EMERGENCY CONTACT: (2 Contact names should be other than parent or guardian available during time of club activity.)

Name: _____ Relationship _____ Home Phone _____ Cell Phone _____

Name: _____ Relationship _____ Home Phone _____ Cell Phone _____

MEDICAL RELEASE:

This is to certify that as the parent or guardian of the above named player on the Worth Athletic Association team, I hereby grant permission to the adult, manager or coach of the team to obtain medical care, at my expense, from any licensed physician, hospital or medical clinic. This authorization shall include all activities, including the period required to and from those activities.

In case of emergency and parent or guardian cannot be contacted, 911 will be called and child may be transported to a nearby hospital. The parents or guardian agree to assume all responsibilities and expenses, including transportation incurred by the handling of this emergency situation.

Signature of parent or guardian _____ Date _____