

# Athlete Emergency Contact Form

**ATHLETE INFORMATION:**

Athlete's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION: Please provide information for primary and alternative contact person who may be notified in case of an emergency.**

Name of Primary Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name of Alternative Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**CONDITIONS/ISSUES:**

Please list any medical issues your athlete may have; i.e asthmas, allergies..

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The information requested on this form is confidential and for emergency use only.

In case of an emergency, I give permission of my information to be released for emergency purposes. I also agree that any of my emergency contacts listed above may be notified in an emergency, as needed.