

**PLEASE FILL-UP THIS FORM, PRINT AND BRING IT WITH YOU**

**EMERGENCY & PARTICIPANT INFORMATION FORM**

**DIVISION:**  Jr. Gremlin  Mascot  Gremlin  Jr. PeeWee  PeeWee  Jr. Midget  Midget

Participant's Name \_\_\_\_\_ Home#(\_\_\_\_\_) \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Carrier Name \_\_\_\_\_ Insurance Phone Number(\_\_\_\_\_) \_\_\_\_\_

Member Number \_\_\_\_\_ Physician Name: \_\_\_\_\_

Preferred Hopsital/Clinic \_\_\_\_\_

List any learning or physical challenges: \_\_\_\_\_

Medical Needs/Allergies/or other medical problems: \_\_\_\_\_

ASTHMA/BREATHING Problems \_\_\_\_\_ INHALER REQUIRED \_\_\_\_\_ (If your child requires an INHALER, I will need one on the field. Please bring an extra inhaler in a zip lock bag with his/her name on the bag and inhaler).

Father: \_\_\_\_\_ Employer: \_\_\_\_\_

Cell Phone:(\_\_\_\_\_) \_\_\_\_\_ Work# (\_\_\_\_\_) \_\_\_\_\_ ext/dept \_\_\_\_\_

Mother: \_\_\_\_\_ Employer: \_\_\_\_\_

Cell Phone:(\_\_\_\_\_) \_\_\_\_\_ Work# (\_\_\_\_\_) \_\_\_\_\_ ext/dept \_\_\_\_\_

Guardian: \_\_\_\_\_ Employer: \_\_\_\_\_

Cell Phone:(\_\_\_\_\_) \_\_\_\_\_ Work# (\_\_\_\_\_) \_\_\_\_\_ ext/dept \_\_\_\_\_

**EMERGENCY CONTACT-FRIEND/RELATIVES/NEIGHBOR**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone# \_\_\_\_\_ cell/home

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone# \_\_\_\_\_ cell/home

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone# \_\_\_\_\_ cell/home

If you're on staff with a different team, please make sure to leave a cell phone number so we can get a hold of you in case of an emergency:

Name \_\_\_\_\_ Cell Number \_\_\_\_\_ Division \_\_\_\_\_ cheer/football