

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