

EMERGENCY INFORMATION

Athletes Name _____

Date of Birth _____ **Age** _____ **Grade** _____

Parent/Guardian _____

Address _____
Mailing Address City State Zip

Parent Email _____

Mother's Cell Phone _____ **Work** _____

Father's Cell Phone _____ **Work** _____

INSURANCE & MEDICAL INFORMATION

Insurance Carrier Name _____

Policy Number ID Number Group Number Effective Date

Doctor _____ **Phone Number** _____

Allergies _____

Medication kept with student _____

Emergency Contact _____ **Phone** _____

PARTICIPATION RELEASE

I/we, the parents of the above named athlete, hereby give my/our permission and approval for participation in any athletic program under the direction of Coach Gentry. I give Coach Gentry's staff permission to contact emergency medical attention if needed for my son/daughter. All medical cost will be paid by the responsible parent. I/we, give permission for our athlete to be photographed from time to time while he/she is attending or participating in Coach G programs for publication use for website, advertising, newsletters. We will NEVER print first and last name.

Father's Name - Please print and sign Date

Mother's Name - Please print and sign Date