

**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 \_\_\_\_\_