



EMERGENCY INFORMATION & CONSENT
(ONE FOR EACH ATHLETE)

Athlete's Name: _____ Nickname: _____

Address: _____

Home Phone:(____) _____ Work Phone:(____) _____ Email _____

Father's Name: _____

Address: _____

Employer: _____

Home Phone:(____) _____ Work Phone:(____) _____ Email _____

Mother's Name: _____

Address: _____

Employer: _____

Home Phone:(____) _____ Work Phone:(____) _____ Email _____

Family Medical Insurance:

Carrier: _____ Group: _____

Policy #: _____ Group#: _____

Family Physician's Name: _____

Physician's Address: _____

Physician's Phone:(____) _____ Email: _____

Allergies (list): _____

Serious Medical Conditions (list): _____

I/we hereby grant consent to any and all health care providers designated by: Haymarket SportsPlex, LLC
to provide my child _____ any necessary medical care as a result of any injury/illness.
(name)

This consent includes First Aid and transportation to/from health care providers.

Date

Father's Signature

Date

Mother's Signature