

Parent/Guardian Contact Name/Phone # _____

Parent/Guardian Contact Name/Phone # _____

Home Address _____ Work Phone # _____

Emergency # _____

Signature of Parent/Guardian _____ Date _____

Two additional emergency contacts who can be contacted during Summer Athletics session in case primary above are unable to be reached:

1. Name: _____

Phone: _____

Relation to student:

2. Name: _____

Phone: _____

Relation to Student: