



Emergency Contact Form

Athlete Information:

Name: _____ Age: _____

Date of Birth: _____ Gender: _____

Address: _____

Phone: _____ Email: _____

Parent/Guardian Information:

Name: _____

Relationship to Athlete: _____

Phone: _____ Email: _____

Emergency Contact Information:

Name: _____

Relationship to Athlete: _____

Phone: _____ Email: _____

Medical Information:

Physician Name: _____ Physician Phone: _____

Medical Conditions: _____

Allergies: _____

Medications: _____

Insurance Information:

Insurance Provider: _____

Name of Insured: _____

Policy Number: _____ Group Number: _____

Additional Information:

Is the athlete currently injured or recovering from an injury? _____

Are there any other health or medical concerns that the coach should be aware of?

Does the athlete have any special needs or accommodations? _____

By signing below, I acknowledge that I have provided accurate and complete information on this form. I understand that this information will be used by the youth track club and its coaches in case of an emergency involving my child.

Parent/Guardian Signature: _____

Date: _____