



2017 ABCCL Player Emergency Contact Information

PLEASE PRINT CLEARLY

Name of Player: _____

Family Physician: _____ Physician Phone: (____) _____

Physician Address: _____

First Emergency Contact: _____

Relationship: _____

Home Phone Number: (____) _____

Work Phone Number: (____) _____

Cell Phone Number: (____) _____ Email: _____

Second Emergency Contact: _____

Relationship: _____

Home Phone Number: (____) _____

Work Phone Number: (____) _____

Cell Phone Number: (____) _____

Please list any medical condition and or medication taking:

In case of emergency, I hereby authorize treatment by certified emergency personnel, E.M.T., First Aid, First Responder, E.R. and when necessary hospital staff.

Players Signature

Date

Parent/Guardian's Signature

Date