

# Emergency Contact Form

Child's First and Last Name: \_\_\_\_\_

Parents Names: \_\_\_\_\_

Child's Age: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Any Medical Conditions Coach should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Emergency Contact Information (*other than parents*)

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_