LV Magic Soccer Club
***Emergency* Information Sheet**

PLEASE PRINT

Players Name: _____
Home Telephone Number: _____
Emergency Telephone Numbers:
Cellular: _____
Pager/Beeper: _____
Work: _____
Other: (please specify) _____
Person(s) Authorized to pick-up Player: _____
_____
_____

Medical Conditions? **(List all no matter how trivial they may seem)**

_____

_____
_____

If yes to above, please be specific: _____
_____

Any Allergies? (i.e. bee sting, etc.) _____
Any medications taken regularly? _____
If yes to above, please specify types: _____
_____

Any other information that we should be aware of to provide a more enjoyable and safe environment for the player?

_____
_____
_____

_____ _____
Person Completing Form **(PLEASE PRINT!)** **LEGAL SIGNATURE**