



## Player Emergency Contact Form (2011-2012)

### Player and Parent/Guardian Information: (PLEASE PRINT!)

If parents live separately, please have EACH fill out a sheet.

Player's name: \_\_\_\_\_ Player's date of birth: \_\_\_\_\_

Name of parent or responsible party: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell #1: \_\_\_\_\_ Cell#2: \_\_\_\_\_

E-mail address #1: \_\_\_\_\_ #2: \_\_\_\_\_

I do not have e-mail, please contact me at: \_\_\_\_\_

Emergency contact:

\_\_\_\_\_ Same as above (check) or fill out below:

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to player: \_\_\_\_\_

List any player medical conditions that the coaching staff should be aware of:

I understand and am in agreement that a contact list with the above information will be distributed among the team's staff and parents: \_\_\_\_\_ (initial)

I understand the primary source of information about this team will be through e-mail and/or the LIHA website: \_\_\_\_\_ (initial)

I understand the player may be subject to disciplinary action as a result of; unexcused absences, tardiness, disruptiveness, or any other action that does not project a positive image for the team: \_\_\_\_\_ (initial)

I understand this is competitive hockey and equal playing time for players is not guaranteed: \_\_\_\_\_ (initial) (Applies to Travel Teams Only!)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_