

**BLAINE BACK COURT CLUB
EMERGENCY INFORMATION FORM**

(FORMS TO BE AVAILABLE IN EQUIPMENT BAG AT PRACTICES & TOURNAMENTS)

PLAYER'S NAME: _____

ADDRESS: _____

CITY _____ ZIP _____

TELEPHONE #: _____ (HOME)

_____ (CELL)

DATE OF BIRTH: _____

PARENT/GUARDIAN: _____

HEALTH CARE CLINIC: _____

DOCTOR'S NAME: _____

CLINIC PHONE #: _____

HOSPITAL PREFERENCE: _____

EMERGENCY CONTACTS (WHEN PARENTS CAN NOT BE REACHED):

| NAME | PHONE | RELATIONSHIP TO PLAYER |
|------|-------|------------------------|
|------|-------|------------------------|

| | | |
|------|-------|------------------------|
| NAME | PHONE | RELATIONSHIP TO PLAYER |
|------|-------|------------------------|

ANY UNUSUAL HEALTH PROBLEMS (i.e. ALLERGIES, ASTHMA, MEDICATIONS)

IN CASE OF EMERGENCY, I HEREBY AUTHORIZE MY CHILD TO BE TREATED BY CERTIFIED EMERGENCY PERSONNEL (i.e. EMT, FIRST RESPONDER, E.R. PHYSICIAN)

SIGNATURE OF PARENT/GUARDIAN: _____