



Campus
Recreation

Emergency Contact Information

To be completed before first date of play and submitted to the Club Sports Office, Fitness Center, Room 201.

Athlete's Name: _____ DOB: ____/____/____
(Last) (First) (Middle)

700 #: _____ Sport: _____

Campus Address: _____

City: _____ State: _____ Campus Phone Number: _____

EMERGENCY CONTACT INFORMATION

In an emergency, contact:

(Last) (First) (Phone) (Relationship)

Address: _____ City, State, and Zip: _____

Evening/Weekend Phone: _____ Day Time Phone: _____

Please declare in the spaces provided below any allergies, medication, prior conditions or other pertinent information that would be of important knowledge in a medical emergency.

By signing below I acknowledge that I am releasing this information for the disclosure to and only to appropriate medical officials in the event of an emergency.

Club Sport Participant Signature: _____ Date: _____