



* Turn in the Emergency contact information on the day of tryouts when you register.

NAME PARTICIPANT: _____

Emergency Contact Information (required for all participants)

Parent/Guardian alternate phone numbers: _____

Parent/Guardian alternate phone numbers: _____

In case of emergency and the above cannot be contacted, please notify:

Alternate contact 1

Alternate contact 2

Name: _____ Name: _____

Phone: _____ Phone: _____

Family Doctor: (name/phone): _____

Family Dentist: (name/phone): _____

Special Health Problems or Considerations:

Circle One: **I Do Give Consent**

I Do NOT Give Consent

for emergency medical treatment if the listed persons cannot be reached. I realize that NCKF cannot assume responsibility for the payment of medical fees, transportation, or expenses incurred.

Signature (self/parent/guardian): _____ Date: _____