



Emergency Contact Information

Information on this form will be given to University Staff and/or club participants for disclosure to appropriate medical officials. This form is to be kept on file by club officers and brought to every practice and competition.

Athlete's Name: _____
(Last) (First) (Middle)

UIN#: _____ Gender: Male / Female DOB: ____/____/____

Campus Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

EMERGENCY CONTACT INFORMATION

In an emergency, contact:

(Last) (First) (Relationship)

Address: _____

City: _____ State: _____ Zip Code: _____

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.

Print Name _____ Sport Club _____

Signature _____ Date _____

To be completed by September 30th, 2011 or before first date of practice and submitted to the Sport Clubs Office.