

**St. Celestine Athletic Committee
Team Emergency Contact Information**

Please print clearly:

Student-athlete's Name: _____

Mother's Name: _____

Mother's Phone #: _____

Father's Name: _____

Father's Phone #: _____

Guardian Name: _____

Guardian's Phone #: _____

Student-athlete's Medical Information:

Any medical conditions/allergies: _____

In case of emergency, please take my child to _____
hospital or the closest hospital.

Doctor's Name: _____ Phone: _____

Medical Insurance Carrier: _____ Policy # _____

My child listed above has my permission to participate in St. Celestine extracurricular athletic programs. I understand and accept all responsibility for any injuries my child may receive. I have also had my child examined by a physician within the last year and find no cause that would hinder him/her from participating in these programs. I have read this form and found the information above to be correct.

Parent/Guardian Signature: _____ Date: _____