

PACIFIC COAST RIPTIDE

EMERGENCY CONTACT AND MEDICAL INFORMATION FOR PLAYER

Child's Name		Date of Birth	Sex M F
Address		City, ST Zipcode	
Parent's/Guardian's Name		Parent's/Guardian's Name	
Cell #	Work or Home #	Cell #	Work or Home #
E-Mail Address		E-Mail Address	

ALTERNATE EMERGENCY CONTACTS

Primary Emergency Contact		Secondary Emergency Contact	
Home #	Work #	Home #	Work #
Address	Cell #	Address	Cell #
City, ST Zipcode		City, ST Zipcode	

MEDICAL INFORMATION

Hospital/Clinic Preference	
Physician's Name	Phone Number
Insurance Company	Policy Number
Allergies/Special Health Considerations	

In the event that neither a parent/guardian or an alternate contact can be reached in case of an emergency, I hereby authorize employees or agents of Pacific Coast Riptide to seek immediate medical treatment for my child listed above if a medical emergency arises during any practice, meet, or event in which the team participates. I also authorize the attending physician or paramedics to perform any emergency treatment, after consultation with the coach or agent if I with the coach or agent if I cannot be reached.

Parent/Guardian's Signature	Date
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I release Pacific Coast Riptide and individuals from liability in case of accident during activities related to Pacific Coast Riptide, as long as normal safety procedures have been taken.

Parent/Guardian's Signature	Date
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