



## Wee Bolts Emergency Contact Form (for Coach and Team Mom Use)

### Participant Information

Child **FIRST** Name \_\_\_\_\_ Child **LAST** Name \_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ School Attends \_\_\_\_\_

Child Shirt Size: (Circle) YS YM YL YXL AS AM AL AXL A2XL

Please List any Allergies / Medical Issues Coach should be made aware of: (ex: asthma - uses an inhaler)

\_\_\_\_\_

\_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

### Emergency Contact Information

Primary Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_ @ \_\_\_\_\_

Cell #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Other Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_ @ \_\_\_\_\_

Cell #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Other Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_