



Blue Lake Soccer Club 2019 Emergency Contact Form

Players Name: _____

Date of Birth: _____

Age: _____

Home Address: _____

Parent/Guardian Name: _____

Home Phone: _____

Mobile Phone: _____

Email Address: _____

Alternate Contact Name: _____

Home Phone: _____

Mobile Phone: _____

Email Address: _____

Medical Conditions: _____

Allergies: _____

Current Medications: _____

Family Doctor/Clinic: _____

Doctor/Clinic Phone: _____

****PLEASE ENSURE THAT MEDICATION FOR CONDITIONS SUCH AS ASTHMA ARE AVAILABLE AT ALL OFFICAL TRAINING AND MATCH DAYS****

Form completed by: _____ *(Please print)*

Signed: _____

Date: _____