

# Midwest Junior Olympic Team Athlete Emergency Information

Athlete \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Business/Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Business/Cell Phone \_\_\_\_\_

Parents location while child is in Anchorage, AK:

\_\_\_\_\_ Phone No. \_\_\_\_\_

If unable to contact parent, please call:

\_\_\_\_\_ Phone No. \_\_\_\_\_

Allergies/Handicaps/Asthma \_\_\_\_\_

In case of serious accident, illness or emergency requiring immediate medical attention and team coaches are unable to locate me, I hereby authorize my child to be taken to the nearest emergency room.

\_\_\_\_\_  
Parent / Guardian Signature

Comments: