

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: