Franklin Community Elementary Basketball League

EMERGENCY CONTACT INFORMATION

Name of Student: _____

Address: _____

_____

_____

Name of parent or guardian to call in an emergency:

Name: _____

Phone # _____ Phone # _____ Phone # _____
(home) (work) (cell)

Family Doctor's Name: Phone # _____

Health Insurance Co.: _____

Health Insurance Policy #/Group #, etc.: _____

Health Problem(s) or Parent's Comments: _____

If my child is injured while in attendance at a Franklin Community Elementary Basketball League (FCEBL) activity, and the FCEBL personnel are unable to reach me, I authorize his or her transportation and treatment at my expense, to an appropriate facility.

Parent's or Guardian's Signature: _____ Date: _____

Alternate person to be contacted:

Name: _____ Relationship to Student: _____

Phone # _____ Phone # _____ Phone # _____
(home) (work) (cell)