



EMERGENCY CONTACT INFORMATION

Athlete's Name: _____ Birth Date: _____ Age: _____
Athlete's Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
email _____ (write legibly)

Emergency Contact Information:

Parent Names: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Other Phone: _____
email: _____ (write legibly)

Alternate Emergency Contact:

Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Relationship to player _____

Medical Insurance Information:

Medical Insurance Company Name: _____
Policy / Group Number: _____
Name of Policy Holder: _____
Date of most recent physical*: _____ Date of last Tetanus: _____
List/Describe any health issues/concerns below:

*All athletes participating in Stryker/USFHA Field Hockey programs must be in good physical health and have parent certification that they are able to play at competitive levels. A Doctor's sports exam within the past 12 months is recommended and parent responsibility.