

ELKHART LAKE-GLENBEULAH ATHLETIC ASSOCIATION

EMERGENCY INFORMATION & AUTHORIZATION FORM

Coach: _____

1. One form is required per child.
2. This form **MUST** be completed and returned to the coach before participating in any sport.
3. Coaches are required to have this completed form available during any sport activity.

Child's Name: _____ Date of Birth: _____ Gender: M / F

In case of emergency, who should be notified:

	Mother	Father	Guardian/Other
Full Name:	_____	_____	_____
Street Address And City:	_____	_____	_____
Home Phone:	_____	_____	_____
Work Phone:	_____	_____	_____
Cell Phone:	_____	_____	_____

	Doctor	Dentist	Hospital of Choice
Full Name:	_____	_____	_____
Facility And/or Location:	_____	_____	_____
Office Phone:	_____	_____	_____

PLEASE INDICATE ANY OF THE FOLLOWING CONDITIONS THAT YOUR CHILD HAS.

() Asthma () Heart Condition () Epilepsy () Diabetic () Glasses/Contact Lenses

List any allergies to medications: (please be specific) _____

Any other information that you feel is important for us to know about your child:

If parent(s) or guardian(s) have any concerns about their child's physical condition as it relates to their participation in this sport, it is recommended that they have a physical examination prior to participating.

As parents or legal guardian of _____, I authorize ELGAA representatives to refer my child to the medical care providers listed above in the event that I am unable to be notified in a timely manner and in case of injury or other medical emergency. I understand that in a situation that will require urgent medical attention, ELGAA representatives may contact an alternative medical provider for more immediate care. I understand that the coach will hold this information and make every effort to keep this confidential. I agree to assume all associated medical costs including ambulance fees as a result of injury or any other medical emergency. I agree that I will not hold ELGAA, its members, coaches, board of directors or other volunteers responsible for any related injury or associated cost with regard to their child's participation in the sport. With this understanding, authorization is hereby given to allow this child to participate in this athletic activity.

Parent(s) or legal guardian: _____ Signature: _____ Date: _____