

Emergency Contact Form
Lil Mavs Volleyball Program

Athlete Name: _____ Grade: _____ Age: _____

Insurance Company: _____

Any medical history we need to be aware of? YES NO

If Yes, please explain:

Any Medication or inhaler she needs to have with her at all times? YES NO

If yes, please list the name of it and how often she needs to take it:

If in case of an emergency, who should we contact:

Main Contact:

Name: _____ Relationship: _____

Telephone number: _____

2nd Contact if we cannot get a hold of the Main contact:

Name: _____ Relationship: _____

Telephone number: _____

Please feel free to list any other names who we can contact if the above do not respond with their telephone number:

Lil Mavs Volleyball wants to make sure you know we want to keep your daughter's life safe and keep all parties informed of any emergencies. The information you provide is for the program and head coach to have with them at all events and practices so that we can contact the above people in case of an emergency. The information will not be shared with any person outside of the program. Please sign below if you agree that all the information given above is true and that you give Lil Mavs Volleyball staff full permission to use the information if necessary throughout the season. Thank you!

Athlete signature: _____

Parent signature: _____

Date: _____