

# SHS Crew Emergency Contact Info

**\* Required**

Athlete's name\*: \_\_\_\_\_

Parent/guardian #1 Name\*: \_\_\_\_\_

Parent #1 best contact number – weekday and weekends (race day)\*:

\_\_\_\_\_ / \_\_\_\_\_

Parent/guardian #2 Name\*: \_\_\_\_\_

Parent #2 best contact # - weekday and weekends:

\_\_\_\_\_ / \_\_\_\_\_

Additional Emergency Contact Name / Relationship to athlete:

\_\_\_\_\_ / \_\_\_\_\_

Additional Emergency Contact - best contact # - weekday and weekends:

\_\_\_\_\_ / \_\_\_\_\_

Please list any medical concerns that the coaches should be aware off\*:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Insurance Carrier Name and ID #\*:

\_\_\_\_\_ / \_\_\_\_\_

Parent's Email Address\*: \_\_\_\_\_

Athlete's email address\*: \_\_\_\_\_