

NWC ATHLETICS – EMERGENCY CONTACT INFORMATION

			Sport: _			
Name (First, Last)			Birth Date		1	1
Age	Sex F/M	Class	1 st 2 nd	3 rd	4 th	
Cell Phone			Email _			
Permanent Address			City			
State	Zip Code	Country				
*******	*********	*******	*****	*****	*****	******
Insurance Information	on (Only disclosed in an eme	rgency) I Do	O NOT hav	e perso	nal inst	urance:
Insurance Company		Policy / ID Number				
Primary Card Holde	Group Nui	Group Number				
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Parent/Guardian Contact (In1 12 11.43 T2vBACRD, 8.4 3361.2 ref*CID 12:BDC (12 12.45 TeW* nBT/F1 12 Tf1 (11.45 Tf1 (11.45

Permission to Provide Emergency Medical Care

Updated 6/2017