



# Emergency Contacts and Important Health Information

## Rocky Mountain Team



**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

*Please circle one:* (Athlete Unified Partner Coach Volunteer) **Email:** \_\_\_\_\_

**Primary Address:** \_\_\_\_\_

**City:** \_\_\_\_\_, Colorado, **Zip:** \_\_\_\_\_ - \_\_\_\_\_

**Medications** currently taking: \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Health Issues** coaches need to be aware of (i.e.: high blood pressure, bleeds easy, recent surgery, broken bone, etc.):

### Parent /Guardian Contacts

**Name:** \_\_\_\_\_ **Relationship to individual:** \_\_\_\_\_  
**Cell #:** \_\_\_\_\_ **Home #:** \_\_\_\_\_ **Work #:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship to individual:** \_\_\_\_\_  
**Cell #:** \_\_\_\_\_ **Home #:** \_\_\_\_\_ **Work #:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship to individual:** \_\_\_\_\_  
**Cell #:** \_\_\_\_\_ **Home #:** \_\_\_\_\_ **Work #:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Primary Doctor's name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
Other Doctor's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Parent /Guardian Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

### *Team Coordinator will complete the following:*

**Athlete:** Application on file signed by doctor and parent/Guardian - Dated: \_\_\_\_\_ Good until: \_\_\_\_\_

**Unified:** Application for Participation on file signed by self & parent guardian - Dated: \_\_\_\_\_  
**Class "A" Volunteer Application** signed, approved & on file at SOCO (Circle Youth or Adult) - Dated: \_\_\_\_\_

**Coach/Vol:** Class "A" Volunteer Application signed, approved & on file at SOCO (Circle Youth or Adult) - Dated: \_\_\_\_\_  
Coach has completed training (circle one): **Yes** **No** Scheduled for: \_\_\_\_\_