

**NORTH BEACH WATER POLO CLUB
EMERGENCY INFORMATION SHEET**

Athlete Name: _____ Nickname: _____ Year in School: _____

ID # _____ Date of Birth: _____ Age: _____

Fall Sport: _____ Winter Sport: _____ Spring Sport: _____

Home Address Street: _____

City: _____

Zip: _____

Emergency contact: _____ Relationship: _____ Contact # : _____

Home Phone: () _____

Father's Name: _____ Mother's Name: _____

If applicable, spouses name: _____

Father's mobile #: () _____ Mother's mobile #: () _____

Father's wk #: () _____ Mother's wk #: () _____

Insurance Co. _____

Insurance Ph #: () _____

Group/Policy # _____

ID #: _____

PCP: _____ What hospital/affiliation? _____

Physician's Phone: () _____

Please indicate **ANY** medical conditions: allergic reactions, contact lenses (hard/soft), asthma, previous injuries, current medications (and why), etc.

I give my consent/permission to any supervising coach of North Beach Water Polo Club, and the right, on my behalf and in my stand, to arrange for licensed and certified physicians, nurses and/or athletic trainers to render and provide immediate treatment to my child as to injuries that may be sustained by my child while participating in any practices, contests or other activities for North Beach Water Polo, whether directly or indirectly, and whether sustained during practice or in active interscholastic competitions, and without any further or additional authorization by me.

My above permission and consent also extends to the right of any such supervising coach or North Beach Water Polo personnel to arrange for immediate medical treatment by a licensed or certified physician, nurse and/or athletic trainer, and for them to apply such emergency medical techniques to my child where, in their judgment, it is deemed appropriate by reason of any injury sustained by my child.

Signature: _____

Relationship: _____

Date: _____