



Nor'Easter Softball Club



USA SOFTBALL™
of New Hampshire

Emergency Information

Player _____

Date of Birth _____ Age _____

Address _____

Parent/Guardian _____

Home Phone _____ Cell Phone _____ Email _____

Parent/Guardian _____

Home Phone _____ Cell Phone _____ Email _____

IN CASE OF EMERGENCY, IF PARENTS CANNOT BE REACHED:

Notify (Name) _____ Phone # _____

Family Doctor _____ Phone # _____

Preferred Hospital _____

Known Allergies _____

Do you give permission for the team coach to apply first aid treatment until the family doctor can be reached?

YES _____ NO _____

Do you give consent for coaches/managers to use their own judgment in securing medical aid and ambulance service in case parents cannot be reached?

YES _____ NO _____

PLEASE ALSO PROVIDE THE FOLLOWING INFORMATION:

Player's Name _____

Name of Insurance Company _____

Insurance Policy Number _____

The Policy is in effect through... _____

Signature(s) of parents/guardians _____ Date _____