



Sterling Heights Redskins Organization

Emergency and Contact Information

Participants

Name: _____ Phone: _____

Address: _____

All persons below may be contacted in case of an emergency:

Father's Name: _____ Phone: _____ Cell: _____

Mother's

Name: _____ Phone: _____ Cell: _____

Stepparent/Guardian

Name: _____ Phone: _____ Cell: _____

I hereby authorize the Sterling Heights Redskins Organization to make whatever arrangements necessary for the best care of my child. I also understand that all the financial costs involved in the care of my child are my responsibility.

Parent/Guardian Signature: _____ Date: _____

Medical Information

Health Insurance: _____ Group #: _____

Any medical conditions the Sterling Heights Redskins should be aware (i.e. asthma, seizures, etc.) If none, write none

Medications currently taking: _____

For Sterling Heights Redskins Use only:

Circle One: Football / Cheer

Circle One: Flag / Freshman / JV / Varsity

Weight: _____ Age: _____ DOB: _____

All Paperwork Received: _____

Board Member Signature: _____