

# NWI Eagles FC

## PARENT, GUARDIAN, AND EMERGENCY CONTACT INFORMATION

Player Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent or Guardian 1:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent or Guardian 2:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

In the event of an emergency, when a Parent or Guardian cannot be reached, please contact:

Emergency Contact 1:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Player: \_\_\_\_\_

Emergency Contact 2:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Player: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_