



**Scarsdale Youth Lacrosse Association
Emergency Contact Information**

Player's Name: _____ **Grade** _____ **M/F** _____ **Date of Birth** / /

Email Address _____

Address: _____ **City:** _____
State: _____ **Zip:** _____

Team Name: _____

EMERGENCY INFORMATION:

Father's Name: _____

Mother's Name: _____

EMAILS

Mother: _____ **Father:** _____

PHONES

Father: (H) _____ **(W)** _____ **(C)** _____

Mother: (H) _____ **(W)** _____ **(C)** _____

In an emergency, when parents cannot be reached, please contact:

Name: _____ **Email:** _____

Phone: (H) _____ **(W)** _____ **(C)** _____

List known allergies: _____

Does your child carry and Epi-pen? Yes _____ **No** _____

CHILDREN WITH EPI-PENS MUST CARRY THEM IN THEIR LACROSSE BAGS AT ALL TIMES

Other medical conditions:

Doctor to notify in emergency: _____

Phone: _____