



HUDSONVILLE YOUTH FOOTBALL

EMERGENCY CONTACT FORM

Participants Name: _____
Parent/Guardian name (relationship) : _____ (_____)
Primary Phone: _____ Alternative phone: _____
Other Phone: _____ E-mail: _____
Other Emergency Contact name (relationship): _____
Primary Phone: _____ Alternative phone: _____

In the event of an emergency while my child is participating in a league sponsored activity, I grant my permission to the league to take whatever action is necessary in the event I cannot be reached. I hereby authorize a Hudsonville Youth Football official to give consent for my child to receive medical treatment in such an emergency.

Parent Signature: _____ Date: _____