

## Orland Park Magic Sports Association Player Contact Form

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
Home Phone	Work Phone	Home Phone	Work Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

### Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact		
Home Phone	Work Phone	Home Phone	Work Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

### Medical Information

Hospital/Clinic Preference			
Physician's Name	Phone Number		
Insurance Company	Policy Number		
Allergies/Special Health Considerations			

I give permission for my child to play sports for the Orland Park Magic Sports Association. I release the Orland Park Magic Sports Association and individuals from liability in case of accident during activities related to OPMSA, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date

