



**EFCA
ATHLETICS
PLAYER INFORMATION**



Last Name _____ Date _____

First Name _____

Grade _____ Birth Date _____

Phone Number _____

Cell Phone Number _____

E-mail Address _____

PARENT INFORMATION

Last Name _____ Relationship _____

First Name _____ Home Phone _____

Address _____ Work Phone _____

City, State, Zip _____ Cell Phone _____

OTHER EMERGENCY CONTACT

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

MEDICAL INFORMATION

Doctor _____ Clinic _____

Address _____ Phone _____

Medical Problems _____

Allergies _____

Medications _____

Insurance Company _____ Policy Number _____