



### Club Sports Emergency Contact Information

Club Sport \_\_\_\_\_ Academic Year \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ GNumber \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Campus Address \_\_\_\_\_ Campus Phone \_\_\_\_\_

Allergies (Food, Drug, etc) \_\_\_\_\_

Current Medications \_\_\_\_\_

In the event of an emergency, I grant permission to the George Mason University Athletic Training Staff, Club Sports Administrators, Team Physicians, and head coach to contact the people listed below. All pertinent facts concerning my condition/injury may be communicated to the party(ies) below.

#### Emergency Contact #1

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_

Work Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

#### Emergency Contact #2

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_

Work Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(if under 18yrs of age)