



Delaware Junior Team Tennis Association
EMERGENCY INFORMATION FORM

Please complete the form and bring to the first day of matches

Athlete's name _____ Age _____ Sex _____

Address _____

Phone _____ Sport **TENNIS**

List two persons to contact in case of emergency:

Parent or guardian's name _____

Address _____

Home Phone _____ Work/Cell Phone _____

Second person's name _____

Address _____

Home Phone _____ Work/Cell Phone _____

Relationship to athlete _____

Insurance Co. _____ Policy # _____

Physician's name _____ Phone _____

IMPORTANT

Is your child allergic to any drugs? _____ If yes, what? _____

Does your child have any other allergies? (e.g., bee stings, dust) _____

Does your child suffer from Asthma _____ Diabetes _____ or Epilepsy _____?

Is your child on any medication? _____ if yes, what? _____

Does your child wear contacts? _____

Is there anything else we should know about your child's health or physical condition? _____

If yes, please explain _____

Parent Signature: _____ **Date:** _____