

Providence Cristo Rey High School 2008-09 Athletic Department Emergency Information

Student-Athlete Name _____

Date of Birth _____ Year of Graduation _____

Address _____

City _____ Zip _____

Home Phone _____

Father/Guardian _____

Emergency Phone _____

Mother/Guardian _____

Emergency Phone _____

List below the name and telephone of someone who will be authorized to act on behalf of the student in the event of an emergency and if the parents cannot be reached:

Name _____ Phone _____

Name _____ Phone _____

Physician to be contacted _____

Preferred Hospital _____