

Davenport Wildcats Emergency Contacts

2011 Summer Camp

Child's name:	
Age:	
Date of birth:	

Medical conditions:	
Allergies:	
Current medications:	

Family doctor:	
Doctor's phone:	

Parent's/guardian's name:	
Primary phone in AM:	
secondary phone:	
work phone:	
Alternate contact's name:	
Home phone:	
Work phone:	
Cell phone:	
Alternate contact's name:	
Home phone:	
Work phone:	
Cell phone:	

Notes: (Any concerns we need to be aware of) ie. Inhaler, or concerns

In consideration of being allowed to participate in any way in the Davenport Wildcats Summer Program, the undersigned acknowledges, appreciated, and agrees that:

- a. There exists a risk of injury: All participants need to be aware that this program does involve risk of minor injury. All instructions given by the coaches and instructor must be followed.
- b. The Davenport Wildcats Youth Sports Program and its representatives, and coaches, Complete Sport Performance QC and its staff, Davenport North High School or the Davenport Community School District are NOT liable or responsible for a medical, dental, or hospital bill occurring as a result of injuries sustained by a athlete while participating in this program. All injury-related expenses shall be the responsibility of the player's parent /legal guardian.

Signature of Parent/Guardian _____ Date: _____

Print Parents Name (First and Last) _____

**A new Emergency Contacts sheet must be submitted yearly, and every time information changes.*