

**- Farmington Rockets -
EMERGENCY INFORMATION CARD**

Child's Name: _____

D.O.B. (mm/dd/yy): _____ Home Phone: _____

Address: _____

Mother's/Legal Guardian's Name: _____

Work Phone: _____ Cell Phone: _____

Father's/Legal Guardian's Name: _____

Work Phone: _____ Cell Phone: _____

Other Persons who may be contacted in case of emergency:

Name: _____ Relationship to child: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship to child: _____

Home Phone: _____ Cell Phone: _____

COACH COPY

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UNIT DIRECTOR COPY