

DO NOT
STAPLE

UNIVERSITY OF CONNECTICUT CLUB SPORTS

2110 Hillside Road Unit 3008
Storrs, CT 06269-3008
(860)486-6515

Emergency Contact Information

To be completed by September 30th, or before first date of play, and submitted to the Club Sports Office.

Information in this form will be disclosed to University Officials and/or Club Participants for disclosure to appropriate medical officials. This form should be kept on file by club officers and brought to every practice and competition.

Athlete's Name: _____ (Last) (First) (Middle) DOB: ____/____/____

PeopleSoft #: _____ Sport: _____

Campus Address: _____

City: _____ State: _____ Campus Phone Number: _____

EMERGENCY CONTACT INFORMATION

In an emergency, contact:

(Last) (First) (Phone) (Relationship)

Address: _____ City, State, and Zip: _____

Evening/Weekend Phone: _____ Day Time Phone: _____

Please declare in the spaces provided below any allergies, medication, prior conditions or other pertinent information that would be of important knowledge in a medical emergency.

By signing below I acknowledge that I am releasing this information for the disclosure to and only to appropriate medical officials in the event of an emergency.

Club Sport Participant Signature: _____ **Date:** _____