



Shore Pride All Stars Information Sheet



Athlete Information

Athlete's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Grade: _____

School: _____

Athlete's Cell Phone #: _____

Athlete's email: _____

Parent/Guardian Information

Primary Guardian/Parent Name: _____

Address: _____

Home Phone: _____ Cell: _____

Email: _____

Secondary guardian/Parent: _____

Address: _____

Home Phone: _____ Cell: _____

Email: _____

Emergency Contact Information

Full Name: _____

Relationship: _____

Phone Number: _____

Insurance Information

Insurance Carrier: _____

Policy #: _____

Carrier's Phone #: _____ Group #: _____

Other

Medical Conditions/Allergies _____

Can your child be given Tylenol/Motrin/Advil? _____ If yes, list dosage

Parental Permission for Emergency Treatment

In the event of illness or accident, I give permission for emergency treatment by qualified medical personnel;

Name of Physician/Emergency Medical Care Facility

I have read and agree to the above conditions: _____
Yes

_____ No

Parent's Signature: _____