



2008 South Elgin Patriots - Player Information Form

Player/Cheer Information

Name: _____ Gender: _____
 Address: _____ Birthdate: _____
 City: _____ State: _____
 Zip Code: _____ Home Phone: _____

Parent Information

Father's Name: _____ Mother's Name: _____
 Dad's Work Phone: _____ Mom's Work Phone: _____
 Dad's Cell Phone: _____ Mom's Cell Phone: _____
 Primary E-mail Address: _____

EMERGENCY TREATMENT RELEASE

As a parent and/or guardian, I do authorize the treatment by a qualified physician of the above named minor in the event of medical emergency which, in the opinion of the attending physician may, endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. If it is deemed necessary, the South Elgin Fire Department will be contacted at home games and local paramedics elsewhere.

Parent/Guardian Signature: _____ Date: _____

Medical Information

Doctor's Name: _____ Doctor's Phone: _____
 Circle Preferred Hospital: *Sherman* *Provena* *St. Alexis* *Central DuPage*
 Allergies: _____
 Asthma: _____
 Present Medications: _____
 Special Needs: _____

Medical Conditions (Circle all that apply): Diabetes Braces Glasses Asthma Inhaler Other _____

List specific medical instructions:

Parent/Guardian Signature: _____ Date: _____

League Use Only