

The OBYFCL does require one parent or guardian to be at all the functions your son or daughter is participating in. However in the event of an emergency, and that parent or guardian can not be contacted please complete the following information and return it to your coach.

Child's Name _____

Address _____ Home Phone _____

Dads Cell _____ Moms Cell _____

Emergency Contact Information

Emergency Contact Name _____

Emergency Contact Address _____

Emergency Contact Phone _____ Emergency Cell _____

Hospital Information

Hospital of Choice

Allergies:

Medications:

Medical History (please note anything we may need to tell the doctor)

