

Student-Athlete Emergency Contact Information

(For use by coach)

Student Name: _____

Address: _____

Home Phone: _____

Parent/Guardian Name(s): _____

Cell Phone: _____

Work Phone: _____

Emergency Contact 1: _____

Phone Number: _____

Emergency Contact 2: _____

Phone Number: _____

Family Doctor: _____

Phone Number: _____

Any special medical information: _____

- **To the best of my knowledge, I meet all eligibility requirements set forth by Wayland Union Schools and the MHSAA.**
- **I have a complete and current physical form on file in the athletic office.**
- **I have read the Wayland Athletic Handbook and agree to adhere firmly to all established policies**
- **I agree to also follow those rules specific to my team.**

Student Signature

Date

Parent/Guardian Signature

Date