



Wilson Midget Football Association

Emergency Contact and Pick Up Form

Participant Name: _____
Last Name First Name Middle Name

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Alternate Phone: _____ Email Address: _____

Coaches Name: _____

Emergency Contact

Name: _____ Relationship: _____

Phone: _____ Alt Phone: _____

Alternate Emergency Contact

Name: _____ Relationship: _____

Phone: _____ Alt Phone: _____

Alternate Child Pick up information:

If I am unable to pick my child /children up, I give permission for the following person(s) to pick up my child / children. If for some reason a different person other than those listed on this form needs to pick up my child /children I will notify the coach in writing. Please list at least one emergency contact.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Under no circumstances is the following person allowed to pick up my child /children: _____
If applicable

Is your child allergic to bee stings? Yes _____ No _____

Medical Conditions or Allergies we should be aware of: _____

Please Note: Your child is covered by The Borough of Wilson Insurance while participating in this program. This Insurance coverage is however, is supplementary to your personal insurance plan. Please submit all claims to your personal insurance company first. Any remaining balance may then be submitted towards the team insurance.