

Player Information Sheet  
Babylon Village 3<sup>rd</sup> Grade Boy's Lacrosse

Players Name \_\_\_\_\_ Age \_\_\_\_\_

Emergency Contact Information

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Alternate Contact Name \_\_\_\_\_

Relation to player \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Medical Information

Is the player allergic to any medication? \_\_\_\_\_ If so what? \_\_\_\_\_

Any other allergies: \_\_\_\_\_

Does the player suffer from \_\_\_\_\_ Asthma, \_\_\_\_\_ Diabetes, \_\_\_\_\_ Epilepsy

Is the player on any medication we need to be aware of? \_\_\_\_\_

List any additional health or physical conditions of the player that we should be aware of:

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_