2026 - 2027 Middle School South Basketball
Emergency Contact Information

Please provide the following information and return by **Friday, November 13th!!!**:

- **Student Athlete Name: _____**
- **Parent Contact information (REQUIRED):**

  ***Parent/Guardian name (Please PRINT):**

  _____

  ***Parent EMAIL Address (Please PRINT):**

  _____

  ***Parent CELL phone number:**

  _____

- **Additional number (Relative or Family Friend):**

Name: _____ Phone Number: _____

- **Concerns or any Medications we need to know about**:

_____

_____

Parent/Guardian Signature: _____ Date: _____