

**2025 Middle School South Track
Emergency Contact Information**

Please provide the following information and return by:

THURSDAY, APRIL 10, 2025:

Student Athlete Name: _____

Contact information

Parent/Guardian name: _____

Home phone number: _____

Cell phone number: _____

Additional number (Relative or Family Friend)

Name: _____ Phone Number: _____

MEDICAL: Concerns or any Medications we need to know about:

Parent/Guardian Signature: _____ **Date:** _____

Best Email to Contact (Please Print Clearly):
