

# Plainfield Community Consolidated School District 202

## Aux Sable Middle School

### Emergency Parent Information Form

Athlete's Name: \_\_\_\_\_

Sport: \_\_\_\_\_

Grade Level (Please Circle):    7        8

1. Parent/Guardian's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

2. Parent/Guardian's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

3. Emergency Contact's Name: \_\_\_\_\_

Relation to Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_