



Western Carolina University  
Campus Recreation & Wellness  
Club Sports  
**Emergency Information Form**

All information on this form must be complete and the assumption of risk form must be signed prior to participating/practicing with a Club Sport.

**Club Sport:** \_\_\_\_\_

Name: \_\_\_\_\_

92#: \_\_\_\_\_

Local Address: \_\_\_\_\_

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

\_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_

Status: \_\_\_Student \_\_\_Faculty \_\_\_Staff

If you are a student, what is your classification?

First-year      Sophomore      Junior  
Senior      Grad Student

**Emergency Contact Information:**

Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Do you have any health condition(s) and/or medical problem(s) (allergy, medication allergy, asthma, etc) that might affect your participation in this activity?    \_\_\_ yes    \_\_\_ no

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

The above information is correct to the best of my knowledge:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_