

Western Carolina University
Club Sports
Emergency Information Form

Club Sport: _____

Name: _____

Local Address: _____

Phone: _____

Age: _____ Gender: _____

Status: ___ Student ___ Faculty ___ Staff

Emergency Contact Information:

Contact Name: _____

Relationship: _____

Address: _____

Phone: _____

Contact Name: _____

Relationship: _____

Address: _____

Phone: _____

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

If yes, please list: _____

Health Insurance Provider:

Company Name: _____

Policy Number: _____

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

Signature: _____

Date: _____