

QB Impact Hawaii
Athlete Information and Emergency Contact Form

Athlete Information:

Athlete's Name: _____ Birthdate: _____
Address: _____ City: _____ State: _____ Zipcode: _____
Cell Phone: _____ Email: _____ Grade: _____
Twitter: _____ Facebook: _____ Instagram: _____

Parent/Guardian Information:

Father's Name _____ Contact number: _____
Father's Email: _____
Mother's Name _____ Contact number: _____
Mother's Email: _____

EMERGENCY CONTACT INFORMATION: Please provide an alternative contact in case of an emergency other than the parent or guardian listed above.

1. Name of Contact: _____ Contact Number: _____
2. Name of Contact: _____ Contact Number: _____

Medical Conditions: Please list any medical conditions or issues the athlete may have; (asthma, allergies, etc.)

The information requested on this form is confidential and for emergency use only. In the event of any emergency, while participating in an athletic event, the information will be used by QB Impact Hawaii Staff and Coaches. Please provide accurate, complete and true information.

In case of any emergency, I give permission for my information to be released for emergency purposes. I also agree that any of my emergency contacts listed on this form may be notified in an emergency, if needed.

Print Parent/Guardian Name Parent/Guardian Signature Date: _____

Please provide copies:

☐ Birth Certificate ☐ Medical Insurance Card ☐ School or Picture ID