

***MAROONS BASEBALL CLUB***  
***EMERGENCY CONTACT FORM***

Player Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date: \_\_\_\_\_ Team Level (MBC Director Use ONLY): \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name #1 (Print): \_\_\_\_\_

Parent/Guardian #1 Phone Number: \_\_\_\_\_

Parent/Guardian Email #1 (Print): \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name #2 (Print): \_\_\_\_\_

Parent/Guardian #2 Phone Number: \_\_\_\_\_

Parent/Guardian Email #2 (Print): \_\_\_\_\_

\_\_\_\_\_

(Optional): Food Allergies/Other Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*\*If any information given on this form changes please reach out to a staff member in  
order to update it\**

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