

EMERGENCY CARD

Casa Grande Youth Football League

Players Name:	D.O.B.:				
Players Address:	Home Phone:				
City:	Zip:				
Mother Name:	Number:				
Father Name:	Number:				
Other Emergency Name:	Number:				
Current Medical Conditions:					
Allergies:					
Current Medications:					
Previous Injuries:					
Hospital Preference:					
Family Doctor:	Number:				
(FOR LEAGUE USE ONLY)					
Copy of Insurance on File:	Yes	No	Copy of Medical Release Form on File:	Yes	No

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