

M. A. R. S. EMERGENCY INFORMATION & CONSENT
(ONE FOR EACH ATHLETE)

Athlete's Name: _____ Nickname: _____

Address: _____

Father's Name: _____

Address: _____

Employer: _____

Home Phone :(____) _____ Cell Phone :(____) _____ Email _____

Mother's Name: _____

Address: _____

Employer: _____

Home Phone :(____) _____ Cell Phone :(____) _____ Email _____

Child's Physician's Name: _____

Physician's Phone :(____) _____ Email: _____

Allergies (list): _____

Serious Medical Conditions (list): _____

I/we hereby grant consent to any and all health care providers designated by Mars Area Recreational Sports to provide my child _____ with any necessary medical care as a result of any injury/illness.
(Name)

This consent includes First Aid and transportation to/from health care providers.

Date

Father's Signature

Date

Mother's Signature