



Max's All Stars Youth Basketball Program Emergency Contact Form



Complete the following fields (please print):

Participant Full Name:

Participant Date of Birth:

Parent/Guardian Full Name:

Relationship to Participant:

Address:

School Attending:

Emergency Contact #1 Name:

Emergency Contact #1 Phone Number:

Emergency #2 Contact Name:

Emergency Contact #2 Phone Number:

List Allergies & Special Medical Conditions: