

PALO ALTO JUDO CLUB EMERGENCY INFORMATION

Student Name	Birth Date	Start Date
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EMERGENCY CONTACT:

1. _____
Parent / Guardian / Spouse/ Other Phone # (Home & Cell)

2. _____
Parent / Guardian / Spouse/ Other Phone # (Home & Cell)

Medication(s): _____

Allergies: _____

Previous and/or on-going injuries: _____

Learning/Emotional Disabilities: _____

Authorization signature to release information in case of emergency.