

**Wells Central School
Players Personnel Form**

Sport: _____

School Year: _____

Students Name: _____

DOB: _____

Address: _____

Parents or Guardians Names: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Name: _____

Emergency Contact Home Phone: _____ Cell Phone: _____

Parent Authorization: In Case of an emergency, if I cannot be reached. I hereby authorize my child to be treated by a physician who is available.

Parent Signature: _____

Date: _____

Family Physician: _____

Phone: _____

Insurance Company: _____

Policy # _____

Employer: _____

Allergies: _____