

**XMS ATHLETICS  
EMERGENCY CONTACT INFORMATION**

Student's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Any additional email address you would like track notices sent to: \_\_\_\_\_

Emergency Contact with phone number in case parents cannot be reached:

\_\_\_\_\_

Any concerns about your child that I should be aware of? (Asthma, allergic reactions, diabetes, injuries or any other concerns that should be brought to my attention)

\_\_\_\_\_

**Please print, fill it out and return this copy to me so that I can have it with me at all practices and meets.**

**Thank you,  
D. Ferron**