

**2024 Middle School South Track**  
**Emergency Contact Information**  
(FORM MUST BE RETURNED TO PARTICIPATE)

Please provide the following information and return by:

**THURSDAY, APRIL 11, 2024:**

Student Athlete Name: \_\_\_\_\_

**Contact information**

Parent/Guardian name: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

**Additional number (Relative or Family Friend)**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**MEDICAL:** Concerns or any Medications we need to know about:

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Best Email to Contact** (Please Print Clearly):

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