



# EMERGENCY CARD

Athlete Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Parent / Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Release of Liability Clauses:

I hereby release and discharge Erie Premier Sports, LLC/Tumble 84, its agents, employees, staff members, directors and officers from any claims, responsibilities or liabilities for injuries or harm incurred as a result of my participation and/or my child's participation at Erie Premier Sports, LLC/ Tumble 84. I authorize EPS/Tumble 84, its agents, employees, staff members, directors and officers to take whatever action necessary, in their best judgment, in an emergency and I hereby release and discharge EPS/Tumble 84, its agents, employees, staff members, directors and officers from any responsibility or liability related thereto. I hereby grant EPS/Tumble 84 permission to use my and/or my child's name, picture or likeness in any printed media or any form of advertisement. I fully renounce any and all claims upon EPS/Tumble 84 for reimbursement for use of this material.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_