

# Arizona Sunrays Emergency Contact Information & Medical Release Form

**Gymnast Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Blood Type:** \_\_\_\_\_ **Known allergies or medical conditions:** \_\_\_\_\_  
(Continue on the back of this sheet as needed.)

**Insurance Information:** (Company, policy number, policy holder name, etc)

**Mother's First & Last Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email** \_\_\_\_\_

**Father's First & Last Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_ **Email** \_\_\_\_\_

**Emergency Contacts if Parents cannot be reached:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

I hereby give permission for certified and licensed medical personnel to use appropriate procedures to aid my daughter, \_\_\_\_\_ and prevent further injury and/ or death. If possible, I wish to be contacted before any procedures are initiated, however, if the injuries are catastrophic and life threatening, I give permission to the emergency care physicians and support personnel to do what they deem necessary in the best interests of my child.

\_\_\_\_\_  
**Parent or legal guardian signature**

\_\_\_\_\_  
**Signature of Notary Public**

\_\_\_\_\_  
**Commission Expires**