

CMS Elite All Stars Account Information

ACCOUNT INFORMATION	
Parent First name:	Parent Last name:
Email 1:	Email 2 (optional):
Cell phone #:	Cell phone carrier:
Address:	Home phone #:
	Work/mobile #:
CONTACT INFORMATION	
Guardian 1 name:	Guardian 1 phone #:
Guardian 2 name:	Guardian 2 phone #:
MEDICAL INFORMATION	
Insurance Carrier:	Insurance Phone #:
Policy Holder name:	Policy #/Group #:
Emergency Contact:	Emergency Contact phone #:
MEMBER INFORMATION	
Athlete First name:	Athlete Last name:
Preferred name:	Gender:
Cell Phone number:	Cell Phone carrier:
Birthday:	Allergies:
Medicines taken routinely:	

FIRST AID PRACTICES

In case of an illness or accident to the athlete above, the coaches and or medical professionals (at competitions) is authorized to render FIRST AID measures according to his/her professional judgement and qualifications.

Coaching staff are not permitted to dispense or administer medication unless authorized by a parent or guardian through a phone call or when this box is checked.

I authorize the coaching staff to administer medications to my athlete (prescription only).

The nearest hospital will be used in an emergency. In an orthopedic emergency, please list the desired doctors name:

If the parent or guardian is unable to be contacted:

I hereby consent for the hospital emergency doctor to institute emergency care and x-rays if needed.

Signature of Parent/Guardian

Date