

**LINDENHURST FOOTBALL AND CHEERLEADING LEAGUE
P.O. BOX 477
LINDENHURST, NEW YORK 11757**

EMERGENCY CONTACT INFORMATION

Please complete the following information regarding your child for emergency purposes.
Forms should be returned to your division coordinator/headcoach as soon as possible.

CHILD'S NAME: _____ DOB: _____

PARENT'S NAME : _____

PHONE #: _____ BUSINESS OR CELL #: _____

Person to contact if parent or guardian is unreachable in case of emergency:

Name: _____ Phone #: _____ Relationship: _____

Doctor's Name: _____ Phone #: _____

Please let us know any medications your child is taking: _____

Please list any allergies your child has: _____

Please list any other medical conditions the league should be aware of: _____

Parent or Guardian Signature _____