



**WARRIORS**

***EMERGENCY CONTACT FORM***

*Franklin Township Warriors*

*CHILD'S NAME* \_\_\_\_\_

*DIVISION OF PLAY* \_\_\_\_\_

*CHEER* \_\_\_\_\_ *FOOTBALL* \_\_\_\_\_

*CHILD'S ADDRESS* \_\_\_\_\_

*NAME OF PARENTS OR GUARDIAN* \_\_\_\_\_

*HOME PHONE #* \_\_\_\_\_

*CELL PHONE #* \_\_\_\_\_

*EMERGENCY CONTACT NAME & NUMBER* \_\_\_\_\_

*DOES YOUR CHILD HAVE A MEDICAL CONDITION THAT WE SHOULD BE AWARE OF? (If so, please explain in detail).*

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*Which is the best way to contact you with important information regarding practice and games and with general information during the season? Please check one but provide both the email address and phone number.*

*E-mail address* \_\_\_\_\_