

**Merrimack  
Youth  
Association**

**Merrimack Youth Basketball Program  
Parental Emergency Information**

Name of Participant: \_\_\_\_\_ Birthday \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First MI Month Day Year

Address: \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Home Phone \_\_\_\_\_

**Emergency Contact Information**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
(if other than above)

Relationship to Participant \_\_\_\_\_

**Backup Contact Information**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
(if other than above)

Relationship to Participant \_\_\_\_\_

**Medical Information**

Allergies / Pre-existing Conditions / Medication \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Physician \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First MI

Preferred hospital: \_\_\_\_\_

I authorize MYA Coaches or designated representatives to obtain emergency medical treatment for the above named participant in the case that I am unable to do so myself.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Other pertinent information to assist league officials**