

Grizzlies Middle School Lacrosse

Emergency Contact Form

Student's Name: _____

Age: _____

Grade Level: _____

Parent/ Guardian: _____

Telephone Number: _____

Email Address: _____

In case of emergency please contact:

Name: _____

Telephone Number: _____

Insurance Provider: _____

Policy Number: _____

I give permission to my student, _____, to participate in the Grizzlies Middle School Lacrosse Team. I accept full responsibility for my student and understand that San Marcos Unified School District is not liable for any injury that may occur.

Parent Signature: _____

Date: _____