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Emergency Contacts

| | | |
|---------------|------------|----------|
| Last Name | First Name | MI |
| Address | | |
| City | State | Zip Code |
| Date of Birth | Gender | |

Child Lives With:

| | | |
|-------------------------|-------------------------|-------|
| Name of Parent/Guardian | Name of Parent/Guardian | Other |
| | | |

Phone Numbers:

| | | | |
|-----------------|------|------|--------|
| Parent/Guardian | Home | Work | Mobile |
| Parent/Guardian | Home | Work | Mobile |

List below two (2) other adults who may be called in case of emergency.

1

| | |
|----------|--------------|
| Name | Relationship |
| Phone #1 | Phone #2 |

2

| | |
|----------|--------------|
| Name | Relationship |
| Phone #1 | Phone #2 |

Child's Physician/Clinic

| | |
|------|-------|
| Name | Phone |
|------|-------|

 Signature of Parent or Guardian