

PIEDMONT CLASSICAL HIGH SCHOOL PLAYER INFORMATION SHEET

Name: _____

Address: _____

Player cell phone and email address: _____

Parent/Guardian Names, emails and phone numbers: _____

Emergency Contact name and phone number: _____

Known Allergies: _____

Current Medications: _____

Current Physician: _____

Hospital Preference: _____

Insurance Information:

Name: _____

Insurance Company: _____

Policy Number: _____

Group Number: _____

Additional Notes or Information: _____
