

George Mason University
Office of Recreational Sports
Club Sport Emergency Information

Please Print Legibly

Name _____ Sport _____
Last Middle First

Date of Birth _____ Age _____ ID Number _____

Campus Address _____
Street

City _____ State _____ Zip Code _____

Home Address _____
Street

City _____ State _____ Zip Code _____

Campus Phone _____ Home Phone _____

Allergies _____

Medications Taken on a Regular/Daily Basis _____

Other Medical Conditions _____

Emergency Contacts _____ Relationship _____

Phone (H) _____ (W) _____

Emergency Contacts _____ Relationship _____

Phone (H) _____ (W) _____

Individuals who should not be contacted: _____