

**Merritt College Athletics**

Sport \_\_\_\_\_

**Emergency Information**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Student ID \_\_\_\_\_ DOB \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Yes / No Company \_\_\_\_\_ Medic Alert \_\_\_\_\_

**Consent to Treat**

I give permission for the Host Certified Athletic Trainer(s) to evaluate, provide necessary treatment and/or referral to a physician for any injuries/illnesses that occur as a result of my participation on a **Merritt College** athletic team, including practice, competition, and/or travel. Signed \_\_\_\_\_

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