



BCS Athletics

Emergency Contact Form

Student's Name: _____ Sex: M or F DOB: _____

Parent/Guardian(s): _____

Address: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Name of Emergency Contact: _____

****if parent/guardian cannot be reached****

Relationship to student: _____

Address: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____