

Emergency Contact Protocol for Sports Teams

Date: [Insert Date]

To: [Team Name] Members and Parents/Guardians

Dear [Team Name] Members and Families,

As part of our commitment to ensure the safety and well-being of our athletes, we have established an Emergency Contact Protocol for the upcoming sports season. It is crucial that we have accurate and up-to-date contact information for each athlete.

Emergency Contact Information

Each athlete is required to provide the following information:

- Full Name of Athlete: [Insert Name]
- Parent/Guardian Name: [Insert Name]
- Primary Contact Number: [Insert Number]
- Alternate Contact Number: [Insert Number]
- Emergency Contact Name: [Insert Name]
- Emergency Contact Number: [Insert Number]

Please complete the information above and return it to [Coach/Team Manager's Name] by [Insert Deadline]. This information will be kept confidential and will only be used in case of an emergency.

Thank you for your cooperation in ensuring the safety of our athletes. If you have any questions, please do not hesitate to reach out.

Sincerely,

[Your Name]

[Your Position]

[Team Name]

[Contact Information]