

Sports Team Emergency Contact List

Date: [Insert Date]

Team Information

Team Name: [Insert Team Name]

Coach Name: [Insert Coach Name]

Coach Phone: [Insert Coach Phone Number]

Emergency Contacts

Player Name	Emergency Contact Name	Emergency Contact Phone	Relationship
[Player 1 Name]	[Contact 1 Name]	[Contact 1 Phone]	[Relationship]
[Player 2 Name]	[Contact 2 Name]	[Contact 2 Phone]	[Relationship]

Important Medical Information

Please list any allergies or medical conditions for players below:

- [Player 1 Name]: [Allergies/Conditions]
- [Player 2 Name]: [Allergies/Conditions]

For any emergencies, please contact the listed emergency contacts immediately.

Thank you,

[Insert Your Name]

[Insert Your Position]