

Cuesta College Athletics Emergency Information

Sport(s) _____ Date _____

Name _____ Birth Date _____

Local Address _____
Street City State/Zip

Local Phone _____ Cell Phone _____

Social Security Number _____ email _____

Parent/Guardian Address _____
Street City State/Zip

Parent/Guardian Name _____ Phone _____

Emergency Phone _____ Name/Relation _____

Insurance Carrier _____

Policy Number _____ Membership Number _____

Allergies _____

Medications _____