

# Emergency Details Template

*“NAME OF GAA HANDBALL CLUB”*

Name(s) of Coach(es): \_\_\_\_\_

Venue: \_\_\_\_\_

Team/Age Group: \_\_\_\_\_

PARTICIPANT NAME	SURNAME	ADDRESS	DOB	IMPORTANT MEDICAL INFORMATION	EMERGENCY CONTACT NAME	RELATIONSHIP TO PARTICIPANT	CONTACT NUMBER
1							
2							
3							
4							
5							
6							

PARTICIPANT NAME	SURNAME	ADDRESS	DOB	IMPORTANT MEDICAL INFORMATION	EMERGENCY CONTACT NAME	RELATIONSHIP TO PARTICIPANT	CONTACT NUMBER
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							