

Plum City Youth Sports

Player Contact Information

Player Name _____ Date _____

Age _____ School _____

Parent(s) Name _____

Address _____

City, State, Zip _____

Phone _____

Email _____

I participate in:

_____ Baseball/softball _____ Football _____ Basketball _____ Cheerleading

Have you ever had a concussion: _____ If yes, how many? _____

Have you ever experienced concussion symptoms? _____

Did you report them? _____

Emergency contacts:

Name _____ Relationship: _____

Phone Number: _____

Name _____ Relationship: _____

Phone Number: _____