



Arlington Stallions Rugby Club Contact & Emergency Information

Player Name: Last: _____ First: _____

Grade: _____ Email: _____

Player Telephone: _____ **Text Messages To??**
Yes / No

Mother's Name: _____

Cell: _____ Yes / No

Home: _____ Yes / No

Work: _____ Yes / No

Email: _____

Father's Name: _____

Cell: _____ Yes / No

Home: _____ Yes / No

Work: _____ Yes / No

Email: _____

Alternate Contact / Name: _____

Cell: _____ Yes / No

Home: _____ Yes / No

Work: _____ Yes / No

Email: _____

Doctor: _____ Telephone: _____

Medical condition(s): _____

Allergies: _____

Medication(s): _____