

Emergency Document

All information on this sheet will only be shared with the main coach and his team.

Last name of the child: _____ First name of the child: _____

Last name of a parent: _____ First name of a parent: _____

Adresse: _____ City: _____

Phone number: _____

E-Mail: _____

Date of birth: _____

Diseases or allergies the child is having:

Last tetanus vaccination (Di-Te): _____

Accident insurance incl. number: _____

Health insurance: _____

Name, adresse and phone number of doctor: _____

Further remarks: _____

Date and signature of parent: _____

Further information:

The insurance during the trainings and the various events is the responsibility of the participants!