

### Attachment 3 – Emergency Contact Information

*Please complete the following application clearly and legibly in blue or black ink. This application form must be turned in with the attached Release of Liability, Volunteer Registration, and media release form with signatures.*

Name		
Address		
City	State	Zip
DOB	Cell Phone Carrier	Home Phone #
Email Address		Mobile Phone #
<b>MEDICAL PROVIDER CONTACT INFORMATION</b>		
Provider's Name		Provider's Phone Number
List Any Known Allergies		
Additional Medical Information (if applicable)		
<b>EMERGENCY CONTACT INFORMATION</b>		
Business/Work (Name)		Business/Work (address)
Business/Work Phone Number (office)		Business/Work Phone Number (mobile)
Cell Phone Carrier	Business/Work (Email Address)	
Emergency Contact #2 or Parent/Guardian Name		Relationship
Phone Number (Home)		Alt. Phone Number (Cell)
Cell Phone Carrier	Email Address	
CERT Applicant Signature		Date