

**PARSIPPANY PRIDE INVITATIONAL TOURNAMENT
COACH EMERGENCY CONTACT INFORMATION**

In the event that we need to contact you during the duration of the Pride Invitational, we are requesting each team provide an "emergency" contact with the below information. This information will remain confidential, and upon completion of the tournament, all emergency contact documentation will be shredded. Please **DO NOT** provide this information in electronic format. Please print out this form and submit at Registration.

TEAM NAME:
AGE DIVISION: (circle) U8 U9 U10 U11 U12 U13 U14 BOYS GIRLS
COACH NAME:
COACH HOME TELEPHONE:
COACH CELLULAR NUMBER:
SECOND CONTACT NAME:
SECOND CONTACT HOME TELEPHONE:
SECOND CONTACT CELLULAR NUMBER:
IF STAYING AT A HOTEL, PLEASE SPECIFY:
If you desire, please alert the Tournament Committee of any pre-existing medical conditions regarding any of your players (i.e. asthma attacks, diabetic seizure, etc.) If so, please specify on reverse side of this form.