

Legacy Youth Sports of Florida

Emergency Treatment/Contact Form & Waiver

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Parent/Guardian Name	-	Dentist Name			Dentist Phone Number			
Parent/Guardian Name								
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Name								
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Parent/Guardian Name Parent/Guardian Name								
Home Phone Cell Phone Work Phone	•	Home Phone	Cell Phone	_	Work Phone			
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Other Emergency Contacts (If Parents Guardians Cannot be Reached): Name	•	Parent/Guardian Name			Relationship to Participant			
Other Emergency Contacts (If Parents Guardians Cannot be Reached): Name								
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