



SOFTBALL NEW ZEALAND UMPIRES EMERGENCY CONTACT FORM

For use at all National Tournaments

| PERSONAL DETAILS | |
|---|---------|
| Title: Mr, Mrs, Miss, Ms, Dr, Other: | |
| Family Name: | |
| Given Names: | |
| Telephone No: | Mobile: |
| Any health or medical conditions the Chief Umpire should be aware of during the period of the tournament. (Voluntary) | |
| Medication: | |

| EMERGENCY CONTACT PERSON/S | |
|---|---------------|
| Name: | Relationship: |
| Daytime Contact Details & Telephone No: | |
| Alternate Person: | Relationship: |
| Daytime Contact Details & Telephone No: | |

| | |
|----------------|---------------|
| Signed: | Dated: |
|----------------|---------------|

Please note the collection of this data is solely for emergency purposes only during the duration of the tournament to which you have been assigned. Any disclosures declared on this form remain confidential between the signee and the Tournament Chief Umpire (TCU). The TCU may disclose such information to the appropriate authorities should an emergency take place. At the conclusion of the tournament this form will be destroyed unless requested to return this form to the signee.