



National Technical Institute for the Deaf

Tiger Gaming League

RIT Tiger Gaming League Emergency Contact Information

Name of Participant: _____
(including chaperones)

**Emergency Contact Information (Please notify us IMMEDIATELY of any changes to this information).
Name and information of person to contact in case of an emergency.**

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone #: (_____) _____ Voice Videophone Text

Home Phone #: (_____) _____ Voice Videophone Text

Alternate Contact

Name and information of person to contact in case of an emergency:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone #: (_____) _____ Voice Videophone Text

Home Phone #: (_____) _____ Voice Videophone Text