



Hamiltonhealth

ATHLETE INFORMATION FORM

Personal Information:

Last Name First Name Middle Initial Preferred Name

Sport 1 Sport 2 Sport 3

Date of Birth Gender: _____ Male _____ Female

Cell Phone/Local Phone

Insurance Carrier Policy Number

Home Address:

Street Address

City State Zip Code Country

Home Phone

Parent/Guardian Emergency Contact information:

#1 #2

First Name Last Name First Name Last Name

Cell Phone Number Cell Phone Number

Parent/Guardian Email Parent/Guardian Email

Relation to student Relation to student

Primary Care Physician / Pediatrician Information:

Name Phone

Address