

STUDENT-ATHLETE INFORMATION

(Please write legibly using blue or black ink)

Athlete - Last Name: _____ Athlete - First Name: _____ MI: _____

Date of Birth: ____/____/____ (MM/DD/YY) Male Female

Sport(s): _____ Freshman Sophomore Junior Senior Other

Middle School (Grade) _____

Permanent (Off Campus) Address: _____

City

State

Zip Code

Student-Athlete - Cell Phone: _____ Student-Athlete - Alternate Phone: _____

Student-Athlete - Email Address: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian - Name: _____ Parent/Guardian - Phone: _____

Parent/Guardian - Email Address: _____

EMERGENCY CONTACTS

(Please list two contacts other than parent/guardian)

Primary Contact: _____ Relationship to Student-Athlete: _____

Cell Phone #

Alternate Phone #

Secondary Contact: _____ Relationship to Student-Athlete: _____

Cell Phone #

Alternate Phone #

In an emergency, I authorize the Department of Sports Medicine and affiliated providers to contact the person(s) listed above.

Student-Athlete - Signature: _____ Date _____

Parent/Guardian - Signature: _____ Date _____

(If student-athlete is under 18 years old)