



Date: _____

PLAYER INFORMATION:

Player's First and Last Name: _____

Parent's First and Last Name: _____

DOB: _____ Current Age: _____

Mailing Address: _____

City and Zip Code: _____

Home Phone: _____

Player's Email Address: _____

Parent's Email Address: _____

Player's Phone: _____

Parent's Phone: _____

EMERGENCY INFORMATION:

(List phone numbers in the order in which you would like to be contacted.)

Contact #1/Name: _____

Relationship: _____

Phone #: _____

Contact #2/Name: _____

Relationship: _____

Phone #: _____

ALLERGIES:

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Doctor's Name and Phone: _____

PROFILE INFORMATION:

PERSONAL INFO:

Date of Birth:

Age:

Category:

Position:

Height:

Weight:

School:

Grade:

INTERESTS/ACTIVITIES:

Volunteer Work:

Goals:

Things about me:

Hobbies:

Favorite Book:

Favorite Movie:

Favorite Food:

Favorite Color:

Favorite Place:

Favorite Song:

Parent Signature/Guardian:

Date
