

ATHLETIC ROSTER

Sport(s): _____

Name: _____ Birthdate: _____

Sex: (M) _____ (F) _____ Grade: (_____)

Address: _____

Phone # (Home/Cell): _____

Name of Parent/Guardian: _____

Address if different from above: _____

Home/Cell Phone #: (Mother) _____ (Father) _____

Work Phone #: (Mother) _____ (Father) _____

PERSON OTHER THAN PARENT/GUARDIAN TO CONTACT IN CASE OF AN EMERGENCY:

Name: _____ Relation: _____

Address: _____

Phone #: (Cell) _____ (Home) _____ (Work) _____

FAMILY PHYSICIAN INFORMATION:

Physician's Name: _____ Specialty: _____

Address/Location: _____

Phone #: (Office) _____ (Emergency) _____

INSURANCE COMPANY INFORMATION: (***)Attach a copy of the front & back of insurance card)

Primary: _____ Policy #: _____

Secondary: _____ Policy#: _____

Specific medication, allergies, medical problems of the athlete: _____