

# ATHLETE ROSTER

Sport: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Sex: [M] [F] Grade: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone #: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_

Home Phone #: (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_

Business Phone #: (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_

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

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone#: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

## FAMILY PHISICIAN INFORMATION:

Physician Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: (Office) \_\_\_\_\_ (Emergency) \_\_\_\_\_

## INSURANCE COMPANY INFORMATION:

Primary: \_\_\_\_\_ Policy #: \_\_\_\_\_

Secondary: \_\_\_\_\_ Policy #: \_\_\_\_\_

Specific medication, allergies, medical problems of the athlete:

\_\_\_\_\_  
\_\_\_\_\_