



# Student Athlete Application

## Athlete Information

New athlete application       Returning athlete application

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Birth Date: \_\_\_\_\_ Current Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student lives with: \_\_\_\_\_ School Attending: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

### Athlete plans to participate in:

(Choose one or more. Choices may be changed as the year progresses.)

- |  |                                       |   |
|--|---------------------------------------|---|
| <input type="checkbox"/> Football          | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Cross Country    |
| <input type="checkbox"/> Boys' Soccer      | <input type="checkbox"/> Volleyball   | <input type="checkbox"/> Boys' Basketball |
| <input type="checkbox"/> Girls' Basketball | <input type="checkbox"/> Wrestling    | <input type="checkbox"/> Girls' Soccer    |
| <input type="checkbox"/> Track and Field   | <input type="checkbox"/> Baseball     |   |

## Parent Information

1. Parent/Guardian Full Name \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Marital Status: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Parent/Guardian Full Name \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Marital Status: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Emergency Contact Information

(Other than parent or guardians listed above)

1. First and Last Name \_\_\_\_\_

Relationship to athlete: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

1. First and Last Name \_\_\_\_\_

Relationship to athlete: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

## Additional Information

Does your child have any allergies that we should know about? (If so, please describe them.)

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Please describe any behavioral or disciplinary issues your child has had during his/her schooling history:

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Has your child ever been suspended or expelled for any reason? (If so, please describe the circumstances.)

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