

# 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:

Phy V : \_\_\_\_\_ Specialty: \_\_\_\_\_

Address/Location: \_\_\_\_\_  
\_\_\_\_\_

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

## INSURANC