



DEMOGRAPHIC INFORMATION

Name _____ Sex _____ Date of Birth _____

Athlete Social Security Number _____ - _____ - _____

Ath Cell Phone # _____ Ath Home Phone # _____

Sport(s) _____ Year in School: Circle Freshman or Sophomore

Permanent Home Address _____

City _____ State _____ Zip Code _____

Current Address (if different from permanent) _____

City _____ State IL Zip Code _____

Mother/Guardian Name _____ Date of Birth _____

Cell # _____ Home # _____ Work # _____

Father/Guardian Name _____ Date of Birth # _____

Cell # _____ Home # _____ Work # _____

EMERGENCY CONTACT INFO

If same as above circle **MOTHER/GUARDIAN** or **FATHER/GUARDIAN** (The person you prefer us to contact).

If different than above please fill out following information.

Name _____ Relationship _____

Cell # _____ Home # _____ Work # _____

I certify that the above information is true and correct to the best of my knowledge.

Athlete (If under 18 parent/guardian) Signature: _____ Date: _____