**Athlete Information Form**

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| **Athlete Name (First, Last):** | **Age**:  | **DOB**: |
| **Home Address:**  | **City:** | **Zip Code:**  |
| **Emergency Contact #1 Name (First, Last)** | **Relationship**:  |
| **Contact Number:**  | **Contact Email:**  |
| **Emergency Contact #2 Name (First, Last):** | **Relationship:**  |
| **Contact Number:**  | **Contact Email:** |
| **Insurance Company:**  | **Policy #** |
| **Current Medications/Allergies:**  | **Other Important Information:**  |