



Player Information Sheet

**Sport:**  Baseball  Softball  Soccer  Lacrosse  Field Hockey  
 Football  Dodge ball  Basketball  Volleyball  Fitness Training

Team / Organization Name \_\_\_\_\_

Player's Name: \_\_\_\_\_  Male  Female

Date of Birth : \_\_\_\_\_ ( month/date/year)

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

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

City / State / Zip \_\_\_\_\_

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

Email: \_\_\_\_\_ Alternate Email: \_\_\_\_\_

Emergency Contact (Name/Phone) \_\_\_\_\_

Medical Conditions / Allergies: \_\_\_\_\_

**Medical Insurance Info**

Policy Holder: \_\_\_\_\_

Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_