NAME: GRADE: D.O.B:

ADDRESS:

MEDICAL CONCERNS/ALLERGIES:

INSURANCE COMPANY:

PREFERRED HOSPITAL:

FAMILY DOCTOR:

FAMILY DOCTOR ADDRESS:

FAMILY DOCTOR PHONE #:

EMERGENCY CONTACT #1: RELATIONSHIP:

PHONE #:

EMERGENCY CONTACT #2: RELATIONSHIP:

PHONE #:

PLEASE LIST ALL SPORTS THE ATHLETE WILL BE PARTICIPATING IN:

FALL:

WINTER:

SPRING:

Any other information you would like to discuss with the Athletic Trainer: