

Club (Players) Information Sheet*Please fill out this form completely.**Write legibly. This form is to be turned in at Registration.*

Actual Age Division: _____

Playing Age Division: _____

Team: _____

Office Use Only

Athlete's Name: _____ Birthdate: ____/____/____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Athlete's Cell: (____) _____ - _____

Athlete's Email: _____

Athlete's Social Security Number: _____ - _____ - _____

Mother's Information:

Mother's Name: _____

Mother's Occupation: _____

Mother's Work Phone: (____) _____ - _____

Mother's Cell Phone: (____) _____ - _____

Mother's Email: _____

Father's Information:

Father's Name: _____

Father's Occupation: _____

Father's Work Phone: (____) _____ - _____

Mother's Cell Phone: (____) _____ - _____

Father's Email: _____

With whom does the athlete reside? _____

What party is responsible for payment? _____

Address to mail statement, if different from above: _____

Athlete's Information:

School: _____ Grad. Year: _____ Grade: _____ G.P.A.: _____

RIGHT or LEFT handed?

Position Played: _____

*For Office Use Only***1st payment Mon. Dec. 12, 2011 _____; Check # _____****2nd payment Wed. Jan. 18, 2012 _____; Check # _____****Turned in Paperwork – AAU Form _____ Medical Release Form _____**