

**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*

**1<sup>st</sup> payment Wed Dec. 3 \_\_\_\_\_; Check # \_\_\_\_\_**

**2<sup>nd</sup> payment Wed Jan. 7 \_\_\_\_\_; Check # \_\_\_\_\_**

**Turned in Paperwork – AAU Form \_\_\_\_\_ Medical Release Form \_\_\_\_\_**