



**ALL-STAR TEAM INFORMATION FORM**

**PARTICIPANT INFORMATION**

Participant's Full Name \_\_\_\_\_ Gender \_\_\_\_\_

Home Address \_\_\_\_\_

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

Participant's Phone Number (H) \_\_\_\_\_ (C) \_\_\_\_\_

Participant's Email Address \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

Exact Age on May 31, 2009 \_\_\_\_\_

Grade/2009-10 School Season PK K 1 2 3 4 5 6 7 8 9 10 11 12

School Attending \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Mother's Name \_\_\_\_\_

Mother's Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Parent's Email Address (M) \_\_\_\_\_ (F) \_\_\_\_\_

**MEDICAL INFORMATION**

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Policy # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Any Medications Allergic to or any known allergies \_\_\_\_\_

List any Physical/Psychological/Prior Injuries/Current Injuries that we should be aware of:

\_\_\_\_\_

\_\_\_\_\_

**OFFICE USE ONLY**

Team \_\_\_\_\_ Credit/Debit on file? \_\_\_\_\_ Automatic Tuition? \_\_\_\_\_

T-Shirt Size YS YM YL AS AM AL AXL AXXL Received? Y / N

Short Size YS YM YL AS AM AL AXL AXXL Received? Y / N

Water Bottle Received? Y / N Practice Bow Received? Y / N