Success Unlimited Academy Athlete Information Sheet

| DATE: | | |
|-------|--|--|

| ATHLETE'S NAME | | DOB: | |
|--|---------------------------|----------|--|
| ADDRESS: | | | |
| CITY, STATE & ZIP | | | |
| ATHLETE'S CELL #: | HOME #: | | |
| PARENT'S NAME: | WORK #: | | |
| CELL #: | PARENT'S EMAIL: | | |
| LAST SCHOOL ATTENDED | GRADE LEVEL FOR FALL | | |
| ADDITIONAL EMERGENCY CONTACT: | EMERGENCY CONTACT CELL #: | | |
| RELATIONSHIP TO ATHLETE: | | | |
| PHYSICIAN'S NAME: | PHYSICIAN'S #: | | |
| INSURANCE CARRIER: | POLICY #: | GROUP #: | |
| INSURANCE POLICY HOLDER'S NAME: | POLICY HOLDER'S DOB: | | |
| POLICY HOLDER'S EMPLOYER | POLICY HOLDER'S SSN: | | |
| ANY KNOWN ALLERGIES: (i.e. allergies to medications, | insect bites, etc.) | | |

| ANY KNOWN MEDICAL CONDITIONS WE SHOULD BE AWARE OF: (i.e. Diabetes, Asthma, etc.) |
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| I certify that, to the best of my knowledge, the information that I have provided is complete and correct. I will promptly inform SUA Athletic Department of any changes in insurance or demographic information. |
| ATHLETE'S SIGNATURE: |
| PARENT'S SIGNATURE |