

JOHN P. STEVENS HIGH SCHOOL

ATHLETE INFORMATION

PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION AND RETURN THIS SHEET TO YOUR COACH BEFORE THE FIRST PRACTICE.

SPORT: _____

LAST NAME: _____

FIRST NAME: _____

GRADE/SECTION _____ **STUDENT ID#** _____

ADDRESS: _____

ATHLETE'S E-MAIL ADDRESS: _____

BIRTH DATE: _____ **PLACE OF BIRTH:** _____

PARENTS' NAMES: _____
(FIRST) _____ (LAST) _____

_____ (FIRST) _____ (LAST) _____

HOME PHONE NUMBER: (____) - _____ - _____

WORK PHONE NUMBER: (____) - _____ - _____

WORK PHONE NUMBER: (____) - _____ - _____

CELL NUMBER: (____) - _____ - _____

EMERGENCY CONTACT IF PARENTS CANNOT BE REACHED

NAME: _____

PHONE NUMBER: (____) - _____ - _____

ADDITIONAL SPORTS: _____ **VAR/JV/FR**