

Client Information Package

Participant Name: _____ Age: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Phone: (____) _____ Mobile Phone: (____) _____

Email: _____ T-Shirt Size (mens): _____

Activities Played: _____

School/Club: _____

Emergency Contact Name: _____ Phone: (____) _____
(other than parent or guardian)

Parent/Guardian Name (If under 18): _____ Work Phone: _____

Mobile Phone: _____

Parent/Guardian Name (If under 18): _____ Work Phone: _____

Mobile Phone: _____