## ATHLETE INFORMATION SHEET

FULL NAME:				Spo	Sport:		
last	first		middle	nickn	ame		
SOCIAL SECURITY #			VT ID #				
YOUR BLACKSBURG A	DDRESS:_						
street (or l			O.Box #) city		7	state	zip
YOUR BLACKSBURG PI	HONE #:	<del></del>	YOUR	CELL PHO	NE # (		
YOUR E-MAIL ADDRES		Citizenship					
MOTHER'S NAME		MOTHER'S EMAIL:					
MOTHER'S HOME ADDI							
	street	t (or P.O.Box	#)	city		state	zip
MOM HOME PHONE #: (	)		_ MOM	CELL#:(	)		
FATHER'S NAME:			FATHER'S	EMAIL:			
FATHER'S ADDRESS:							
FATHER'S HOME #: (			FATHER	'S CELL# (	)		
Who is contacted first in case	se of an eme	rgency?		(If not mom/	dad please	write info on b	ack)
		MEDICA	L QUESTIO	NC			
		MEDICA	L QUESTIC	ANS			
Date of Birth:	Se	x: Male	Female W	hich is your	dominant h	and? Right	Left
Any allergies or drug reactio	ne? VFS	NO	If wee inlease !	liet			
	113: 113	140	ii yes, piease i	1151			
		*					
	<u> </u>				<u> </u>		
Any Atmospheric Allergies?	YES	NO I	f yes, please li	st			
Do you wear contacts? YES	NO	Do you	wear glasses?	YES	NO		
Do you have asthma? YES	NO	Do you l	nave an inhale	r? YES	NO		
Do you have any medical con	ditions we s	hould know	about? (Ex. A	knemia, diabe	etes, seizure	s, heart condit	ion)
lease list any medications/su	npplements/v	vitamins that	vou are curre	ntly taking:			
	k 2		,				