

PLAYER INFORMATION FORM

PLEASE PRINT

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

DATE OF BIRTH: \_\_\_\_\_  
MONTH DAY YEAR

SOCIAL SECURITY NUMBER: XXX-XX-

GRADE: \_\_\_\_\_

PARENTS OR GUARDIANS

NAME: \_\_\_\_\_  
LAST FIRST RELATIONSHIP

\_\_\_\_\_  
LAST FIRST RELATIONSHIP

HOME ADDRESS: \_\_\_\_\_  
STREET OR POST OFFICE BOX

CITY STATE ZIP

TELEPHONE NUMBER: \_\_\_\_\_  
HOME WORK

CELL

MAILING ADDRESS: \_\_\_\_\_  
(IF DIFFERENT FROM HOME) STREET OR POST OFFICE BOX

CITY STATE ZIP

PLEASE ATTACH COPY OF BIRTH CERTIFICATE TO YOUR PACKET