TRAIN · DEVELOP · EDUCATE

UNIVERSITY

BASKETBALL

PLAYER INFO

PLAYER NAME_____ JERSEY NUMBER_____

HEIGHT_____ DATE OF BIRTH _____ SCHOOL _____

GRAD YEAR _____

AAU #_____ EXPIRATION_____

PARENTS/GUARDIAN_____

ADDRESS_____

_

EMAIL_____ HOME PHONE_____

CELL PHONE_____ WORK PHONE_____

INSURANCE CARRIER_____ POLICY #_____

PRIMARY POLICY HOLDER_____ ID #_____

IN CASE OF EMERGENCY CONTACT_____

NAME (OTHER THAN PARENT OR GUARDIAN)

RELATIONSHIP_____

EMERGENCY CONTACT HOME #_____

EMERGENCY CONTACT WORK _____

EMERGENCY CONTACT CELL _____

IF YOUR INSURANCE CARRIER REQUIRES A PHONE CALL PRIOR TO TREATMENT OR HOSPITAL ADMISSION, PLEASE PROVIDE THAT PHONE NUMBER AND/OR

POINT OF CONTACT:

*PLEASE ATTACH A COPY OF THE PLAYERS BIRTH CERTIFICATE.