



Athlete Information and Release

Athlete Name(s): _____

DOB: _____ Main phone #: _____

Address: _____

City/ State/ Zip: _____

Parent 1 Name: _____

Parent 1 E-mail: _____

Parent 1 Cell #: _____ Parent 1 Work #: _____

Parent 2 Name: _____

Parent 2 E-mail: _____

Parent 2 Cell #: _____ Parent 2 Work #: _____

Emergency Contact and Number: _____

Insurance Company: _____

Medications/Allergies: _____

Doctor: _____

Phone: _____

How did you hear about Trinity All Stars? _____

Referral Name: _____

