**Success Unlimited Academy   
Athlete Information Sheet** DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| ATHLETE’S NAME | | DOB: |
| ADDRESS: | | |
| CITY, STATE & ZIP | | |
| ATHLETE’S CELL #: | HOME #: | |
| PARENT’S NAME: | WORK #: | |
| CELL #: | PARENT’S EMAIL: | |
| LAST SCHOOL ATTENDED (MAY 2018) | GRADE LEVEL FOR FALL 2018 | |
| ADDITIONAL EMERGENCY CONTACT: | EMERGENCY CONTACT CELL #: | |
| RELATIONSHIP TO ATHLETE: | | |
| PHYSICIAN’S NAME: | PHYSICIAN’S #: | |
| INSURANCE CARRIER: | POLICY #: | GROUP #: |
| INSURANCE POLICY HOLDER’S NAME: | POLICY HOLDER’S DOB: | |
| POLICY HOLDER’S EMPLOYER | POLICY HOLDER’S SSN: | |
| ANY KNOWN ALLERGIES: (i.e. allergies to medications, insect bites, etc.) | | |
| ANY KNOWN MEDICAL CONDITIONS WE SHOULD BE AWARE OF: (i.e. Diabetes, Asthma, etc.) | | |
| I certify that, to the best of my knowledge, the information that I have provided is complete and correct. I will promptly inform SUA Athletic Department of any changes in insurance or demographic information. | | |
| ATHLETE’S SIGNATURE: | | |
| PARENT’S SIGNATURE | | |