

# EZEKIEL ACADEMY KNIGHTS

## Athlete Information Form

SCHOOL YEAR: \_\_\_\_\_

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### ATHLETE INFORMATION

Name (Last, First): \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ E-mail Address \_\_\_\_\_

Address \_\_\_\_\_ Phone Number: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Cell Number: \_\_\_\_\_

Uniform Size: Top \_\_\_\_\_ Pants \_\_\_\_\_ Socks \_\_\_\_\_ Hat \_\_\_\_\_ Uniform Number \_\_\_\_\_

Baseball  Basketball  Cheerleading  Football  Soccer  Softball  Track  Volleyball

Ck # \_\_\_\_\_ Ck # \_\_\_\_\_ Ck # \_\_\_\_\_ Ck # \_\_\_\_\_ Ck # \_\_\_\_\_ Ck # \_\_\_\_\_ Ck # \_\_\_\_\_ Ck # \_\_\_\_\_

Amt: \_\_\_\_\_ Amt: \_\_\_\_\_ Amt: \_\_\_\_\_ Amt: \_\_\_\_\_ Amt: \_\_\_\_\_ Amt: \_\_\_\_\_ Amt: \_\_\_\_\_ Amt: \_\_\_\_\_

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### PARENT INFORMATION

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Work Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

(Please indicate which parent's email should receive notices from the coach.)

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### OTHER EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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### MEDICAL INFORMATION

Doctor \_\_\_\_\_ Clinic \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Medical Problems/Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

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- Athlete Information Form
  - Athlete/Parent Agreement
  - Copy of Latest Grade Report
  - Player Fee

- EA Waiver
- EA Physical Evaluation Form
- ACSC Concussion Policy Form
- ACSC Liability Form

- Copy of Birth Certificate \*
- Copy of Insurance Card \*
- Athlete's Testimony \*

\* On file in EA Office if athlete has played for EA in the past.

Revised 06/12/2018