

EZEKIEL ACADEMY KNIGHTS

Athlete Information Form

SCHOOL YEAR: _____

ATHLETE INFORMATION

Name (Last, First): _____

Birth Date: _____ Grade: _____ E-mail Address _____

Address _____ Phone Number: _____

City, State, Zip _____ Cell Number: _____

School where student attends _____

Baseball Basketball Cheerleading Football Soccer Softball Track Volleyball

Ck # _____ Ck # _____ Ck # _____ Ck # _____ Ck # _____ Ck # _____ Ck # _____ Ck # _____

Amt: _____ Amt: _____ Amt: _____ Amt: _____ Amt: _____ Amt: _____ Amt: _____ Amt: _____

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.)

OTHER EMERGENCY CONTACT

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

MEDICAL INFORMATION

Doctor _____ Clinic _____

Address _____ Phone _____

Medical Problems/Allergies _____

Medications _____

Insurance Company _____ Policy Number _____

-
- 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