



First Name: _____ Gender: _____ Height: _____ Weight: _____
(Circle One) M F

Middle Name: _____

Last Name: _____

Nickname: _____

Parent/Guardian Name: _____

Other Notes & Health Considerations: _____

Primary Phone # _____

Alternate # _____

Alternate # _____

Street Address _____ City _____ State _____ Zip _____

Eye Color: _____ Glasses: _____
(Circle One) (Circle One) Yes No
Brown - Dark
Brown - Light
Green
Gray
Hazel
Blue

Hair Color: _____
(Circle One) Blonde
Black
Brown - Light
Brown - Dark
Red
Shaved
White

Race: (Circle One) African American, Asian, Caucasian, Chinese,
Black, Hawaiian, Hispanic, Indian, Japanese, Korean, Latino,
Middle Eastern, Mexican, Native American, White

Month of Birth _____ Day _____ Year _____

Distinguishing Marks: _____