



APPLICANT INFORMATION:

Name:

Current Address:

City:

Zip Code:

E-mail Address:

Apt. #

State:

Telephone Number:

Date of Birth:

EMERGENCY CONTACT INFORMATION:

Name:

Address:

City:

Zip Code:

Relationship:

Apt. #

State:

Telephone Number:

HEALTH QUESTIONNAIRE:

(Information contained in this section is optional and will be kept strictly confidential)

List any medical problems that doctors have diagnosed:

List your prescribed drugs and over-the-counter drugs, such as vitamins and inhalers:

Allergies to medications (name the drug/reaction you had):

PLEASE BRIEFLY DESCRIBE YOUR CHILDS PERSONALITY IN 2-3 SENTENCES:

Date of last Physical Exam:

SIGNATURES

I _____ authorize my son/daughter to participate in A&M SPORTS ACADEMY basketball instructional program.

Authorized Consent:

Date: / /