



Hamilton
Sports Medicine

ATHLETE INFORMATION FORM

Personal Information:

Last Name First Name Middle Initial Preferred Name

Sport 1 Sport 2 Sport 3

Date of Birth Gender: Male Female

Cell Phone/Local Phone

Insurance Carrier Policy Number

Home Address:

Street Address

City State Zip Code Country

Home Phone

Parent/Guardian Emergency Contact information

#1

#2

First Name Last Name

First Name Last Name

Home/Cell Phone Number

Home/Cell Phone Number

Work Phone Number

Work Phone Number

Parent/Guardian Email

Parent/Guardian Email

Relation to student

Relation to student