



STUDENT ID NUMBER: _____

SOUTHERN UNION ATHLETICS GENERAL INFORMATION FORM

NAME OF STUDENT: _____

(First)

(Middle)

(Last)

DATE OF BIRTH: _____ SS# _____

HOME ADDRESS: (street) _____

(City, state, zip) _____

HOME PHONE: (_____) _____ SEX: _____

ATHLETES CELL: _____ EMAIL: _____

FATHER'S NAME: _____

HOME ADDRESS: (street) _____

(City, state, zip) _____

HOME PHONE: (_____) _____ CELL: _____

FATHER'S EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

WORK PHONE: (_____) _____

MOTHER'S NAME: _____

HOME ADDRESS: (street) _____

(City, state, zip) _____

HOME PHONE: (_____) _____ CELL: _____

MOTHER'S EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

WORK PHONE: (_____) _____

In case of emergency whom should we contact?

_____ FATHER _____ MOTHER _____ EITHER

_____ OTHER: please provide following information

Relationship to athlete: _____ PHONE: (_____) _____

ADDRESS: _____