

**INDIVIDUAL DATA SHEET**

Sports: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Home Phone No. \_\_\_\_\_ Sex: M or F  
Address: \_\_\_\_\_  
If a new student, do you currently reside inside the city limits? Yes \_\_\_\_\_ No \_\_\_\_\_  
Name of Parent/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone (Mother): \_\_\_\_\_ (Father): \_\_\_\_\_  
Cell Phone (Mother): \_\_\_\_\_ (Father): \_\_\_\_\_  
Business Phone (Mother): \_\_\_\_\_ (Father): \_\_\_\_\_  
School Last Attended: \_\_\_\_\_ Year First Enrolled at St. Luke's: \_\_\_\_\_

Personal other than Parent/Guardian to contact in case of emergency:  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Specialty: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone (Office): \_\_\_\_\_ (Emergency): \_\_\_\_\_

Insurance Company Information  
Primary: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Secondary: \_\_\_\_\_ Policy #: \_\_\_\_\_

Specific Medication, Allergies, Medical Problems:  
\_\_\_\_\_  
\_\_\_\_\_

**AGREEMENT**

By signing below I agree to abide by all rules and regulations of St. Luke's Athletic Department. I acknowledge that every situation cannot possibly be covered, but will respect the decision of the athletic department officials to act in the best interest of the athlete.

\_\_\_\_\_  
Parent's Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Athlete's Signature Date: \_\_\_\_\_