

# C.C.S. Athletics

“Character Commitment Community”

## Personal Athlete Information for C.C.S Athletics

*Please Print*

<b>Athlete Information</b>
Athlete's Full Name:
Full Address:
Birth Date (month/date/year):
Cell Phone: (    )
E-mail Address:
Previous Sport Involvement:
Athlete Age:
Athlete Grade:

<b>Father's Information</b>
Father's Full Name:
Full Address:
Father Employed By: <span style="float: right;">Phone:</span>
Home Phone: (    ) <span style="float: right;">Cell Phone: (    )</span>
E-mail Address:

<b>Mother's Information</b>
Mother's Full Name:
Full Address:
Mother Employed By: <span style="float: right;">Phone:</span>
Home Phone: (    ) <span style="float: right;">Cell Phone: (    )</span>
E-mail Address:

<b>Insurance Information</b>
Insured Full Name:
Insurance Company: <span style="float: right;">Phone #:</span>
Group #: <span style="float: right;">Certificate/Policy #:</span>
Insurance Co. Address:
Ins. Type:    HMO        PPO        Medicaid        Medicare        EPO