

MOUNT ZION FOOTBALL PLAYER INFORMATION

Name _____
(Last) (First) (Middle)

Age _____ Date of Birth _____ Last Grade Successfully Completed _____

Address _____
(Street) (City) (State) (Zip)

Home Phone _____ Cell Phone _____

Parent/Guardian _____
(Father) (Mother)

Student lives with: _____ Parents _____ Father _____ Mother _____ Guardian

Parent Work Number _____ Email _____

Player's grades have been: _____ Above Average _____ Average _____ Below Average

Has player failed any grades? _____ Yes _____ No If yes, what grade? _____

Player Test Score: SAT _____ SAT _____ ACT _____
Math English

Last school attended: _____

Has player received contact from any college recruiter? If yes, whom? _____

Does player have any handicaps? If yes, explain: _____

Has player obtained any sports injuries? If yes, explain: _____

Is player taking any medication? If yes, what? _____

Emergency Contact:

List the name and phone number of two responsible adults we can contact in the event that an emergency occurs and we are not able to reach you.

1. Name _____
Home Phone _____ Work/Cell Phone _____
 2. Name _____
Home Phone _____ Work/Cell Phone _____
- Physician's Name _____ Number _____

I agree to let my child/ren participate in the football program at Mount Zion Christian Academy.

Parent/Guardian Signature

Date