



## PLAYER INFORMATION

Player Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_

Player Mobile Phone: \_\_\_\_\_ Player Email: \_\_\_\_\_

Primary Contact Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Other Contact Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Height: \_\_\_\_\_ Dominant hand: R or L

Do you have any medical issues? Y N Allergies: Y N

If Yes, please describe: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Grad Year: \_\_\_\_\_

Preference for jersey number (s)? \_\_\_\_\_, \_\_\_\_\_ Shirt size: \_\_\_\_\_ Spandex size: \_\_\_\_\_

Skill Level 0-10 \_\_\_\_\_ 0=NONE Primary Position: \_\_\_\_\_ Secondary Position: \_\_\_\_\_

What club did you play for last season? \_\_\_\_\_

Did someone refer you to Gulf Coast Jrs? Y N

If so, who was it? \_\_\_\_\_

Contact Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact 2 Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_

Are you willing to be team parent/representative?: \_\_\_\_\_

Would you or anyone you know like to be a sponsor? Y N If yes, please add info below:

Please list your 2023-2024 AAU ID # below. **Enter club code: W37BAA**

AAU #: \_\_\_\_\_ Available at [ausports.org](http://ausports.org)

Announcements will be sent to the Primary Contact. You will be invited to accept a position from Gulf Coast Jrs via email. This is time sensitive so please accept the invitation. All USAV Academy Clinics must be completed before the team's first tournament.

PAID \$ \_\_\_\_\_ CHECK# \_\_\_\_\_

\_\_\_\_ DROP-IN