



Athlete Info Card

(Sport/Position)

Last Name _____ First Name _____ Middle Initial _____

Gender: _____ Birthdate _____ Weight _____ Height _____

Address _____

City _____ State _____ Zip _____ Email _____ Cell: _____

Emergency 1: Last Name _____ First Name _____ Cell: _____

Emergency 2: Last Name _____ First Name _____ Cell: _____

Home Phone _____ Work Phone _____ Lives with _____

Family Doctor _____ City _____ Phone _____

Insurance Company Name _____ Policy Number _____

Ladies 1st Sports Agency is seeking your permission to have you treated at a doctor's office or hospital emergency room in the event that you are found in need of emergency medical treatment. If an emergency occurs, every effort will be made to contact your emergency contacts. If such a contact is not possible, this card may facilitate prompt medical treatment.

I HEREBY GIVE MY PERMISSION FOR _____ TO RECEIVE EMERGENCY MEDICAL TREATMENT.

Athlete Signature

Date

Please list your previous experience playing your sport:

College:

Semi-Pro:

Professional:

Link to player profile:

(rev 08_2020)

Do NOT write below here.

FOR OFFICE USE ONLY

Int _____/Date _____

- ☐ Physical
- ☐ Resume
- ☐ Film

Notes:

