

Salem International University Athletic Program Yearly Athlete Information

(please print legibly)

Last Name: _____ First Name: _____ MI: _____

Sport(s): _____

Circle One: Redshirt Freshman Soph Junior Senior Grad

SSN or International # : _____ - _____ - _____ SIU Box # _____ Date of Birth _____

Home Address: _____ City _____ State _____ Zip _____

Campus Phone (_____) _____ Cell Phone (_____) _____

Address at SIU _____ City _____ State _____ Zip _____

Mom/Guardian/Wife Name: _____

Address: _____ City _____ State _____ Zip _____

Home Phone:(_____) _____ Work Phone (_____) _____

Dad/Guardian/Husband Name: _____

Address: _____ City _____ State _____ Zip _____

Home Phone:(_____) _____ Work Phone (_____) _____

Contact in case of Emergency (when none of the above can be reached):

Name: _____ Relationship: _____ Phone: (_____) _____

Address: _____ City _____ State _____ Zip _____

Information to be put in your travel medical kit with your coach:

Athlete Name: _____ Sport: _____

Emergency Contact: _____ Phone: _____

Allergies to Medications: _____ Allergic Reactions: _____

Insurance Name: _____ Policy #/Group #: _____

Address: _____ City _____ State _____ Zip _____ Phone: _____

Signature: _____ Date: _____