



Student-Athlete Profile Sheet

S.Y. 20 ____ - 20 ____

2x2 Recent
Colored Photo

Basketball Volleyball Badminton
 Chess Table Tennis Others: _____

PERSONAL INFORMATION

Name	Last	First	Middle
Date of Birth	mm / dd / yyyy		Sex
Mobile No.			Email Add
Landline			FB Account
Address			

PARENT INFORMATION

Mother's Name	Home No.	
	Work No.	
Father's Name	Home No.	
	Work No.	
In case of emergency, contact <input type="checkbox"/> Mother <input type="checkbox"/> Others (Name, relationship, contact no.) <input type="checkbox"/> Father _____		

MEDICAL PROFILE

Weight _____ Height _____

	Yes	No	Details
Glasses / Contact Lenses			Grade L: _____ R: _____
Allergies			Specify:
Asthma			
Hernia			
Joint Problem			
High Blood Pressure			
Recent Surgery			

Other injuries or conditions

EVALUATION (For coaches only)

Athleticism: _____ Attitude: _____ Academics: _____

WAIVER (For student-athlete and parents)

I certify that all the above information is true, complete and correct to the best of my knowledge. If I pass the tryouts, I commit to do my best in my sport, while maintaining good grades and conduct, to respect and obey my coaches, and to abide by the rules, procedures and policies. I shall be responsible for balancing my time and my commitments to my team, my school and my family.

Student-Athlete's Name and Signature

Date

I certify that all the above information is true, complete and correct to the best of my knowledge. I allow my child to participate in the sport / training. I believe that the school will do its best to ensure my child's safety, and I do not hold the school responsible for untoward incidents that may arise due to my child's negligence or defiance, or from causes beyond the school's control. I will support, guide and help my child fulfill his/her commitments to the team, school and family throughout his/her membership in the team.

Parent/Guardian's Name and Signature

Date