



ATHLETE INFORMATION FORM

Athlete Name: _____

Athlete Date of Birth: _____

Address: _____

Telephone number: _____

School name (for youth athletes): _____

Email address: _____

Emergency Contact Name: _____

Emergency Contact number: _____

Do you have any medical conditions you wish to disclose that may impact or be impacted by participation in the sport of goalball? _____

T-shirt Size: _____

Jersey Size: _____

Please check here if you are a parent or guardian completing this form on behalf of a youth athlete.