



2010 Football Athlete Info Form

Name:

Address:

City:

ZIP Code:

Grade (Circle One)

9

10

11

12

Home Phone:

Your Cell Phone:

Parents Cell Phone:

Your E-Mail:

Parents E-Mail:

1st Period Teacher:

Parents Names:

T-Shirt Size (Long Sleeve):

Number of Years Playing Football (including this one, Middle School DOES Count):

Have you ever been diagnosed with asthma?

Are you currently playing a winter sport?

If so, what sport?

Name one student who does not currently play football that you think could help our team become competitive:

Will you be in weight training 2nd semester?

Did you transfer here from another high school?

If yes, which one?

Do you have any goals of playing in college?

If so, at what level:

Div. I _____ Div. IAA _____ Div. II _____ Div. III _____ Walk-On _____

What position would you like to play:

Offense _____ Defense _____

List any special skills: _____

What are your goals for the season?

Individual: _____ Team: _____