



## 2009 Parent/Athlete Questionnaire

\_\_\_\_\_  
**Player Name (First & Last)**

\_\_\_\_\_  
Main Email Address:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Age (on July 31, 2009)

Mother's Info:

\_\_\_\_\_  
Mother's Name (First & Last)

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Work Phone #

\_\_\_\_\_  
Mother's Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State / Zip Code

\_\_\_\_\_  
Mother's Email Address

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Cell Phone #

Father's Info:

\_\_\_\_\_  
Father's Name (First & Last)

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Work Phone #

\_\_\_\_\_  
Father's Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State / Zip Code

\_\_\_\_\_  
Father's Email Address

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Cell Phone #

Background on medical or health related issues, included medicines and/or allergies, etc:

\_\_\_\_\_  
\_\_\_\_\_

Special issues or other conditions that you think your coach should know:

\_\_\_\_\_  
\_\_\_\_\_

What sports has your child participated in over the past year?

\_\_\_\_\_

Has your child played football in the past? YES NO (please circle one)

If yes, how many years? \_\_\_\_\_

Where? \_\_\_\_\_

Team played for: \_\_\_\_\_

Special Requests (coach, team, level of play, teammates, field location, car pooling, etc.)

\_\_\_\_\_

If ASA was to offer a 3 or 4 day summer (June) football camp, would you be interested? YES NO (please circle one)

How did you learn about ASA football / cheerleading?

\_\_\_\_\_

**To be completed by ASA:**

**Helmet/Head Size** \_\_\_\_\_ **Shoulder width/Pad size** \_\_\_\_\_ **Waist Size** \_\_\_\_\_ **Weight** \_\_\_\_\_

**Picture ID** \_\_\_\_\_