



2011 Parent/Athlete Questionnaire

Player Name (First & Last)

Main Email Address:

_____/_____/_____
Date of Birth

Age (on July 31, 2011)

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 (July) 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 _____