



CYSA DISTRICT V
ODP PLAYER INFORMATION

ATTACH
PHOTO
HERE

PLEASE PRINT

PLAYER:

Name _____
(LAST) (FIRST) (MI)

Address _____

City _____ State _____ Zip Code _____

Home Ph () _____ Alternate Ph () _____

Email _____

PARENT(S):

Name(s) _____

Home Ph () _____ Alternate Ph () _____

Email _____ Fax () _____

PLAYER DATA

Name of School Attending _____

School Address _____ City _____

High School Coach Name _____

Primary Position (please list at least one specific position)

Year of High School Graduation _____ Grade Point Average _____

Current Club Team _____

Current Club Coach Name _____

Phone () _____ Email _____

Primary Position (please list at least one specific position)

Previous Club Team _____

Previous Club Coach Name _____

Phone () _____ Email _____

Primary Position (please list at least one specific position)

Previous Club Team _____

Previous Club Coach Name _____

Phone () _____ Email _____

Primary Position (please list at least one specific position)

T-Shirt Size (circle one) Adult S M L XL

EMERGENCY INFORMATION

PLEASE PRINT

Player Name _____ Date of Birth ____ / ____ / ____

Address _____ City _____ State ____ Zip Code _____

Emergency Contact (please number contacts in order of calling priority)

Mother:

Name _____ Home Ph (____) _____

Work Ph (____) _____ Cell (____) _____ Email _____

Father:

Name _____ Home Ph (____) _____

Work Ph (____) _____ Cell (____) _____ Email _____

Other Contact when parents cannot be reached:

Name _____ Home Ph (____) _____

Work Ph (____) _____ Cell (____) _____ Email _____

ALLERGIES

OTHER MEDICAL CONDITIONS

PHYSICIAN:

Name _____ Home Ph (____) _____

Work Ph (____) _____ Cell (____) _____