

Shark Waves Athlete Contact Information

Name: _____

Nickname: _____

Age: _____ Date of Birth: _____

Lives: ___ Independently ___ at home with family ___ in an agency/group home

Mailing Address: _____

Parent / Guardian / Contact : _____

Email address: _____

Cell phone (can receive texts) _____

Home phone, if applicable: _____

Emergency contact if above not available: _____

Emergency contact's cell phone: _____

Relationship to Athlete: _____

Additional information you want us to be aware of about your athlete: