

Team Tait Tough Info Sheet

Name: _____ Parents' names: _____

E-mail: _____ Parents' email: _____

Cell Number: _____ Parents' Cell/Phone Number: _____

Address: _____

High School: _____

HS Coach's name & number: _____

Birth date: _____ Shirt size: _____ Height: _____ Weight: _____

Any allergies (list or state none): _____

Any physical or medical limitations, conditions or issues (list or state none): _____

Sibling(s) & Ages: _____

School Clubs, Teams and Activities: _____

Other Interests or fun facts: _____

Best & worst sporting memory: _____

Goals: _____

Your favorite sports: _____

Your Favorite pro teams and player: _____

Favorite movies & TV shows: _____

Favorite music group or songs: _____

Other comments or concerns (Include any specific things you want us to be aware of):

