



ATHLETE PROFILE PAGE

Insert Head Shot
Picture Here

NAME: _____ **GRADE:** _____

D.O.B: _____

POSITION: _____ **ALLERGIES:** _____

ASTHMA PUMP: _____ **STATE YOU'RE FROM:** _____

PREVIOUS INJURIES DURING SEASON:

SCHOOL: _____

PARENTS NAME: _____

CELL NUMBER: _____

PARENTS EMAIL ADDRESS: _____

ATHELETS EMAIL ADDRESS: _____

****Please Return Profile Sheet to Diamond Staff ****