



Team Windward Coach's Notebook

NAME: _____
(first) (middle) (last)

Age: _____ Date of Birth: _____

Name of High School: _____

Grade: _____ Year of Graduation: _____

ADDRESS: _____
(street)

(city) (state) (zip)

Home phone: _____ Cell phone: _____

PLAYER'S EMAIL ADDRESS: (please print clearly) _____

2nd Email Address: (please print clearly) _____

Any Medical Notations and/or Known Allergies:

Name any Current/Daily Medication and dosages:

- _____ Dosage: _____
- _____ Dosage: _____

Emergency Contacts:

Mother: _____ Cell Phone: _____

Father: _____ Cell Phone: _____

Other Emergency Contact: (if parent can not be reached):

Name: _____ Phone: _____

Deposit Paid: _____ Method: _____

Month 1 Payment: _____ Month 2 Payment: _____

Month 3 Payment: _____ Month 4 Payment: _____

Total Paid: _____