

LU ATP ATHLETIC TRAINING STUDENT
ANNUAL DEMOGRAPHICS/CONTACT INFORMATION FORM

Name: _____
 (Last) (First) (Middle)

LU ID#: _____ Academic Year: 20 / 20

Academic Cohort: _____ Freshman _____ Sophomore _____ Junior _____ Senior

Date of Birth: _____ / _____ / _____ Shirt Size (Polo/T-Shirt): _____ / _____

Home Address: _____
 (Street Address / Apt. #)

 (City) (State) (Zip)

LU Address: _____
 (Street Address / Apt. #)

 (City) (State) (Zip)

Cell Phone #: () - _____
Home Phone #: () - _____
BEST Contact

LU E-mail: _____
Alternate E-mail: _____

***Local Person(s) to contact in case of an Emergency (LU):**
_____ Cell Phone #: () - _____
(Full Printed Name & Relationship)

***Parent(s)/Guardian(s) to contact in case of an emergency (HOME):**
_____ Cell Phone #: () - _____
(Full Printed Name & Relationship)
_____ Cell Phone #: () - _____
(Full Printed Name & Relationship)