<u>LIBERTY UNIVERSITY – ATHLETIC TRAINING PROGRAM (MSAT)</u> <u>Annual ATS Demographics/Contact Information Form</u>

Name:					
(Last)		(First)		(Middle)	
LU ID#:		Acade	mic Year: _	20 /20	
MSAT Academic Cohort:		_ 1 st year		_2 nd year	
Date of Birth:	/ /	_ Shirt S	ize (Polo/T-	Shirt):/_	
Home Address:					
	(Street Address / Apt. #)				
	(City)		(State)	(Zip)	
LU Address:	(Street Address / Apt. #)				
	(City)		(State)	(Zip)	
				*BEST Con	tact
Cell Phone #:	_() -				
Home Phone #:	() -				
LU E-mail: Alternate E-mail:					
*Local Person(s) t	o contact in case o	f an Emergend	cy (LU):		
		Cell Ph	none #: <u>(</u>		
(Full Printed Na	me & Relationship)				
*Parent(s)/Guard	ian(s)/etc. to conta				
(Full Printed Na	me & Relationship)	Cell Pr	ione #: <u>(</u>) -	—
	me a neiduonsmpy	Cell Ph	none #: _() -	
(Full Printed Na	me & Relationship)	Call DL		1	
(Full Printed Na	me & Relationshin)	Cell Pr	ione #: <u>(</u>) -	