



# Athletic & Rehabilitation Center

Overland Park / Sports Performance Academy



www.arckc.com

## Athlete Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F Height: \_\_\_\_\_ Weight: \_\_\_\_\_

### Permanent Address:

Street: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

### Address While Attending School (if different than above):

Street: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Legal Guardian 1: \_\_\_\_\_

Street: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Legal Guardian 2: \_\_\_\_\_

Street: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Grade in School: \_\_\_\_\_ Name of School: \_\_\_\_\_

or

Year in College: \_\_\_\_\_ Name of College: \_\_\_\_\_

Medical Information / Previous Injuries / Risks: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Sport:

Sport 2:

Sport 3:

Sport 4:

Position / Event:

Position / Event:

Position / Event:

Position / Event:

Level:

Level:

Level:

Level:

Team Name:

Team Name:

Team Name:

Team Name:

Coach:

Coach:

Coach:

Coach:

How did you hear about us (check one):

ARC Staff

Friend

Phone Book

Advertisement

Physician

Coach

Insurance

Employer

Other

X

\_\_\_\_\_  
Signature of Guardian/Financially Responsible Party Date