

ROCHESTER AARDVARKS U-19 RUGBY PROGRAM

PARTICIPANT BIOGRAPHY

Date: _____ Program Location: _____

PARTICIPANT'S BIOGRAPHICAL INFORMATION

Name _____
Last *First* *Middle*

Email _____

Street Address _____ Phone _____

City _____ State _____ Zip _____

Country _____ Social Security Number _____ - _____ - _____

Gender: M _____ F _____ Birth Date _____

US Citizen: Yes _____ No _____ If no, what Nationality? _____

CIPP: Yes _____ No _____ If yes, Enter CIPP Number? _____

Shirt Size: _____ S _____ M _____ L _____ XL _____ XXL _____ Other: _____

Short Size: _____ 28 _____ 30 _____ 32 _____ 36 _____ 38 _____ Other: _____

PARTICIPANT'S EMERGENCY CONTACT INFORMATION

Contact 1 Name _____ Relationship _____

Street Address _____ Phone(s) _____

City _____ State _____ Zip _____

Contact 2 Name _____ Relationship _____

Street Address _____ Phone(s) _____

City _____ State _____ Zip _____

PARTICIPANT'S TYPE AND SKILL LEVEL

Current School/Club Affiliation(s): _____

Position(s) Played: _____

Please check your guest type for this program.

_____ Athlete _____ Coach _____ Official _____ Administrator
_____ Staff _____ Trainer _____ Intern _____ Other: _____

Please check your current experience level (athletes).

Youth: _____ Experienced (5+ yrs) _____ Intermediate (3-5 yrs) _____ Beginner (1-2 yrs.)

High school: _____ Experienced (5+ yrs) _____ Intermediate (3-5 yrs) _____ Beginner (1-2 yrs.)

Collegiate: _____ Experienced (5+ yrs) _____ Intermediate (3-5 yrs) _____ Beginner (1-2 yrs.)

Years of total playing experience: _____