



CEA Salem Athlete Information Card 2019-2020

Athlete First Name: _____ Athlete Last Name: _____
 Athlete Cell Phone Number: _____ Athlete Date of Birth: _____
 Athlete Email Address: _____ Athlete Age as of 8/31/19 _____
 Mother Name: _____ Mother Cell Number: _____
 Mother Email Address: _____ Alternate Number: _____
 Father Name: _____ Father Cell Number: _____
 Father Email Address: _____ Alternate Number: _____
 Medical Insurance Name: _____ Policy #: _____
 Athlete Allergies: _____
 Are you new to CEA? Yes No If yes, name of previous Gym _____
 Are you planning to tryout at another CEA Location? Yes No If yes, where? _____
 Do you wish to be considered for two teams? Yes No
 Filled by Ofc: _____
 Registration: _____ Amt: _____ Form of Payment: _____
 Draft Form: _____ Information Pages: _____ CofC: _____ Waiver: _____



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