

**NDNU ATHLETIC TRAINING
GENERAL INFORMATION FORM**

Please type or print legibly, and circle all information as requested.

Date _____ Sport(s) _____

Athlete: _____ Birth Date _____

Age _____ Sex: M F SSN: _____ Student ID #: _____

Student Athlete Academic Status: FR SO JR SR Marital Status: S M D W

Transfer (School Attended): _____

Home (Permanent) Address _____

City _____ State _____ Zip _____ Home Phone: (____) _____

Local Address (if different): _____

School Phone: (____) _____ Cell Phone: (____) _____ E Mail: _____

Parents/Guardians _____ and _____
(Father) (Mother)

**SEND THIS COMPLETED FORM WITH YOUR COMPLETED MEDICAL HISTORY
FORM BY:**

CROSS COUNTRY/SOCCER/VOLLEYBALL: JULY 15

BASKETBALL/GOLF/LACROSSE/SOFTBALL/TENNIS: AUGUST 15

Forms Should Be Sent To:

Christian Stamates
Dept. of Athletics
Notre Dame de Namur University
1500 Ralston Ave.
Belmont, CA 94002