



## PHRA Contact Information

*It is important that we have current contact information for communications to parents and athletes. Your contact information will not be shared with anyone outside PHRA.*

**Please print clearly.**

*Proof must be provided of Athlete's legal name. Please send a copy of the athlete's Birth Certificate, Driving License or Passport to 813 902 7253 or email scanned image to rhughes1@tampabay.rr.com*

### **ATHLETE INFORMATION: Full Legal Name**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Nick Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender (M/F) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_

### **PRIMARY PARENT/GUARDIAN INFORMATION:**

Primary Parent/Guardian First/Last Name: \_\_\_\_\_

Relationship to Student: Father: \_\_\_\_\_ Mother: \_\_\_\_\_ Other (Write in) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### **ADDITIONAL PARENT/GUARDIAN INFORMATION:**

First and Last Name: \_\_\_\_\_

Relationship to Student: Father: \_\_\_\_\_ Mother: \_\_\_\_\_ Other (Write in) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_