



## Player Information Sheet

Player Name: \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Complete Address \_\_\_\_\_

\_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell#: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell#: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Middle School \_\_\_\_\_

Position(s) Played: \_\_\_\_\_ Yrs. Playing basketball: \_\_\_\_\_

**\*\*PLEASE COMPLETE FORM AND RETURN TO COACH JEANNE KENNEY VIA EMAIL:  
[Jeanne.kenney@stmcougars.net](mailto:Jeanne.kenney@stmcougars.net)**