



# Student-Athlete Questionnaire

## Personal Information

Name:

Mailing Address:

City, State, Zip Code:

Country:

Father's Name:

Mother's Name:

Home Phone:

Work/Mobile Phone:

E-Mail Address:

Date of Birth:

Gender (Circle One):

Male

Female

U.S. Citizen (Circle One):

Yes

No

*If no, please disclose nationality:*

## Academic Information

School Name:

School Address:

City, State, Zip:

Guidance Counselor Name:

Phone:

Fax:

E-Mail Address:

Grade Level:

School Webpage:

Graduation Year (High School):

Grade Point Average:

9<sup>th</sup> Grade

10<sup>th</sup> Grade

11<sup>th</sup> Grade

12<sup>th</sup> Grade

PSAT/SAT Score:

Math

Verbal



# Student-Athlete Questionnaire

## Hockey Information

Height:

Weight:

Position:

Shot (Circle One):

Left

Right

Catch (Circle One):

Left

Right

Current Season Statistics:

Skater

Team

League

Games

Goals

Assists

Points

PIM

Goalie

Games

Wins

Losses

Ties

GAA

SV %

Shutouts

## Additional Information: