



Personal Info Sheet

Child's Name _____ M ___ F ___ Age ___ Grade _____

School _____ Coach _____

Parent Name _____ Parent Cell # _____

What Level Did You Play Last Season? (circle one) Varsity Jr. Varsity League None

Have you attended JAMM Stars training before? _____ If so, what level _____

What are your main strengths and weaknesses as a player?

What are your goals as a player?

What do you hope to accomplish in training with JAMM Stars?

How did you hear about JAMM Stars?
