

Physical Description Sheet

Full Name: _____

DOB: _____ Age: _____

Emergency Contact (Name): _____

Emergency Contact Relationship: _____

Emergency Contact Phone #: _____

Height: _____

—

Weight: _____

Gender: _____

Shoe Size: _____

Eye Color: _____

Hair Style: _____

Hair Color: _____

Right/Left Handed: _____

Ethnic Background: _____

Religious Background: _____

Previous Injuries: _____

Previous Medical Conditions: _____

Medical Conditions that run in your Family: _____

