

OAKLAND CITY UNIVERSITY
STUDENT DEMOGRAPHICS FOR ATHLETICS FILE

Name of Athlete: _____ Sport: _____

Date of Birth: _____ Contact Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Parent's Names: _____

Parent's Address (if different from above): _____

City: _____ State: _____ Zip: _____

Parent's Address (if different from above): _____

City: _____ State: _____ Zip: _____