



**COLORADO THUNDERBIRDS
PLAYER BIOGRAPHY**

PLAYER NAME: _____ DOB _____

FATHER'S NAME: _____ MOTHER'S NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE #: _____ CELL # _____

FATHER CELL #: _____ MOTHER CELL #: _____

PLAYER EMAIL ADDRESS: _____

PARENT(S) EMAIL ADDRESS: _____

SIBLINGS NAMES AND AGES: _____

DO YOU HAVE A DRIVER'S LICENSE? YES _____ NO _____

WILL YOU HAVE A CAR? YES _____ NO _____

GRADE IN SCHOOL: _____

NAME AND ADDRESS OF PREVIOUS HIGH SCHOOL: _____

SPECIAL ACADEMIC CONCERNS: _____

FAVORITE SCHOOL SUBJECT: _____

Players will attend the high school assigned to where their billet family resides. Private school information is also available. For more information regarding schools in the Denver area, please contact the housing coordinator.

FAVORITE TYPE OF MUSIC: _____

FAVORITE NHL TEAM: _____

FAVORITE NHL PLAYER: _____

ALLERGIES TO MEDICATIONS: _____

ALLERGIES TO PETS: _____

LIST ALL CURRENT MEDICATIONS: _____

ANY MEDICAL CONDITIONS THAT REQUIRE ONGOING TREATMENT? _____

EXPLAIN HOW YOU FEEL ABOUT LIVING WITH YOUNGER CHILDREN: _____

EXPLAIN HOW YOU FEEL ABOUT LIVING WITH PETS: _____

CAN YOU DO YOUR OWN LAUNDRY? _____

CAN YOU PREPARE YOUR OWN MEALS? _____

FAVORITE TYPE OF FOOD: _____

FAVORITE SNACKS: _____

EXPLAIN HOW OTHER PEOPLE WHO KNOW YOU WOULD DESCRIBE YOU: _____

WHAT HABITS DO YOU HAVE THAT DRIVE YOUR PARENTS CRAZY? _____

WHAT DO YOU LIKE TO DO IN YOUR FREE TIME? _____

SHORT TERM GOALS: _____

LONG TERM GOALS: _____

PARENT COMMENTS:

PLEASE DESCRIBE YOUR SON AND HOW YOU FEEL HE WILL ADJUST TO LIVING AWAY FROM HOME. EXPLAIN HOW YOU FEEL ABOUT THE UPCOMING SITUATION AND WHAT YOUR EXPECTATIONS ARE. PLEASE INCLUDE ANY THOUGHTS YOU HAVE THAT MIGHT HELP YOUR SON'S HOUSING FAMILY GET TO KNOW HIM BETTER.
