



PLAYER PROFILE NAU ICE JACKS HOCKEY CLUB

PERSONAL

Full Name _____ Age _____ Date of Birth _____

Permanent Address _____ Email _____

City, State _____ Zip _____ Phone (____) _____

Parent's address if different _____

City, State _____ Zip _____ Phone (____) _____

Medical conditions _____

Interests other than hockey _____

ACADEMIC

High School _____

% Class Rank _____ SAT Score _____ ACT Score _____

Expected Date of Graduation _____

Intended Major _____ Minor _____

HOCKEY

Height _____ Weight _____ Shoot: L ____ R ____ Position _____

Last Team Played for _____ Coach _____

Coaches Phone Number or E-Mail _____

Awards & Achievements _____

Individual Strengths _____

Individual Weaknesses _____

I am already enrolled at NAU Yes _____ No _____

If not, when are you planning on enrolling? _____

ADDITIONAL NOTES
