

**YSLETA INDEPENDENT SCHOOL DISTRICT
ATHLETICS
CO-OP
DEMOGRAPHIC SHEET**

School Year: 20 _____ - 20 _____

Name _____ SS# (Last Four Digits) _____

DOB _____ Driver License (State only) _____

Address _____ City _____ Zip _____

Home Telephone# _____ Cell# _____

Email Address _____

School _____ Conference Period(s) _____

Extension # at school _____

Coaching Assignment(s) _____

Teaching Assignment(s) _____

Spouse's Name _____ Emergency # _____

Medical condition(s) that we need to be aware of _____

I acknowledge that I have been informed that the Athletic Handbook can be found on the District's web page, and that it is my responsibility to read it and be familiar with its contents. I understand that the provisions of the handbook do not constitute an employment agreement (contract) or guarantee of continued employment.

Signature _____ Date _____