

**Murray State University**  
**Athletic Training Student**  
Demographic Form

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last 4 digits Social Security #: \_\_\_\_\_

Current Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Current Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Year Graduated from High School: \_\_\_\_\_ GPA: \_\_\_\_\_

Year Admitted to Murray State University: \_\_\_\_\_ GPA: \_\_\_\_\_

Are you CPR certified?      YES      NO

    If YES, what is the expiration date: \_\_\_\_\_

Date applied to the MSU ATEP: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date entered MSU ATEP: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parents Information [Names, address(es), phone number(s)]:**

**Father**

**Mother**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_