



PARTICIPATION INFORMATION SHEET

The information provided below will be held in confidence by the Association, and its Team Volunteers. The purpose of this information is to ensure we have available information to make the experience with the soccer Association a positive and safe one for your player.

On behalf of the Association, thank you for the information in support of a safe and enjoyable season.

PARTICIPANT LAST NAME:	PARTICIPANT FIRST NAME:	PREFERRED TO BE CALLED:	DATE OF BIRTH:	GENDER:
IS THERE ANYTHING THAT WE SHOULD BE AWARE OF THAT WILL HELP US BETTTER SUPPORT YOUR CHILD IN SOCCER? PLEASE PROVIDE AS MANY DETAILS AS POSSIBLE.				
DOES YOUR CHILD HAVE ANY SPECIAL NEEDS OR REQUIREMENTS IN ORDER TO PARTICIPATE FULLY? PLEASE PROVIDE AS MANY DETAILS AS POSSIBLE.				

PARENT OR GUADRIAN EMERGENCY CONTACT

NAME:	PHONE:
	EMAIL:
NAME:	PHONE:
	EMAIL:
IF REQUIRED, PHYSICIAN NAME:	PHYSICIAN'S CONTACT NUMBER: