



Information Sheet

Childs Name: _____ **Nickname:** _____

Age: _____ **Date of Birth:** _____ **School:** _____

Child's Shirt size: _____

Favorite Soccer Position: _____

Favorite Soccer Team/Player: _____

Mothers Name: _____ *Main contact? Yes - No*

Phone Number: _____

Email: _____

Fathers Name: _____ *Main contact? Yes - No*

Phone Number: _____

Email: _____

Guardians Name: _____ *Main Contact? Yes - No*

Phone Number: _____

Email: _____

Relationship to child: _____

Emergency Contact Information:

Name: _____

Phone Number: _____

Relationship to child: _____

Does the emergency contact have permission to pick up your child?

Yes

No

Please list any health concerns we need to be aware of:

What would you like me to know about your child:
