

# PLAYER INFORMATION FORM



6808 Hapuna Place  
Honolulu, HI 96825

Date: \_\_\_\_\_  
Age Group: \_\_\_\_\_  
Male/Female: \_\_\_\_\_  
Previous Soccer club: \_\_\_\_\_

Player's name: \_\_\_\_\_  
Last First

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

Birthdate: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

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## In case of emergency contact:

Primary contact: \_\_\_\_\_

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

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

Secondary contact: \_\_\_\_\_

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

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

## EMERGENCY MEDICAL INFORMATION:

Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Please list player allergies: \_\_\_\_\_

Please list other medical condition: \_\_\_\_\_

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