

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: _____

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: _____
