

# Youth Soccer Club Membership Application Form

## Player Information

Full Name

Date of Birth

Gender

Address

City

ZIP/Postal Code

School Name

## Parent/Guardian Information

Parent/Guardian Name

Contact Number

Email Address

## Medical Information

Medical Conditions or Allergies

Family Doctor's Name

Family Doctor's Phone

## Emergency Contact

Emergency Contact Person

Relationship to Player

Phone Number

**Additional Information**

Previous Soccer Experience