



PLAYER ENROLLMENT FORM <i>(Must be filled out completely)</i>	For Office Use Only Age Group/Team: _____ Team Name: _____ Coach's Name: _____
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Player's Full Name: _____ Gender: _____ Date of birth: _____

Address: _____
Street, Apartment # City, State Zip Code

Email: _____ Grade: _____ School: _____

Mother's/Guardian's Name: _____ Phone: _____ Email: _____

Father's/Guardian's Name: _____ Phone: _____ Email: _____

Parents'/Guardian's Address (if different from above): _____

Parents'/Guardian's Employer's Name/Address/Phone: _____

Language(s) spoken at home: _____ Country of birth: _____

Emergency Contacts: (These individuals must be able to pick up your child and authorize medical attention if necessary.)

Person 1 Name: _____ Phone: _____ Relationship: _____	Person 2 Name: _____ Phone: _____ Relationship: _____
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Child's Doctor: _____ Address: _____ Phone: _____

Does your child have any allergies or specific health issues? Please circle: YES or NO

If YES, please specify: _____

Is your child currently taking any medications? Please circle: YES or NO

If YES, please list medications and dosage: _____

Have you completed the All Nations Sports Release of Liability Form? Please circle: YES or NO
If NO, please complete that form and turn it in with this enrollment form. Thank you.

I would like to volunteer with ANSA. Please circle: YES or NO

Is your child currently on a soccer team? YES or NO If yes, what position does he/she play? _____

If no, has he/she played soccer on a team before? YES or NO

Child's shirt size (circle one): YES YM YL S M L