

PLAYER INFORMATION FORM

Player Name: _____ Division: _____

Date of Birth: Month _____ Day _____ Year _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Home Phone: _____

Parent/Guardian #1 Information

Name: _____

Cell Phone: _____ Work phone: _____

Email: _____ Add to team email list YES NO

Parent/Guardian #2 Information

Name: _____

Cell Phone: _____ Work phone: _____

Email: _____ Add to team email list YES NO

Alternate Emergency Contact (if parent/guardian not available)

Name: _____

Home Phone: _____ Cell Phone: _____

Relationship to Player: _____

Today's Date: Month _____ Day _____ Year _____