

Team Olympic – Player Information

Players Full Name _____ Age _____ Date of Birth ____/____/____

Shirt Size: **YM YL AS AM AL AXL** School Name _____ Grade _____

Previous Club Team Played _____ What Level _____

Main Field Position _____ Do you play other positions _____

What is the main reason for choosing Olympic Soccer Academy for your child:

Name & Ages of Siblings: _____

Where did you first hear about Olympic Soccer Academy's **TEAM OLYMPIC** Traveling Team?

Facebook Yard Sign Flyer Online Search Family/Friend Referral Name: _____

Mom's Full Name _____ Mom's Cell _____

Dad's Full Name _____ Dad's Cell _____

Home Address _____ City _____ Zip _____

Home Telephone _____ Best Email _____

Which is the best Contact #? _____ Main Contact Person _____

Please fill out any Medical Conditions your child may have that we need to know about:

1. _____
2. _____
3. _____

Is your child on any medications? Y N If yes, _____

Does your child use/need an inhaler? **Y N**

Is your child allergic to any food? **Y N If yes,** _____

Does your child wear glasses or contact lenses? **Y N**

Emergency Contact Name _____

Relationship to Player _____ Contact # _____

Pediatrician/Doctor Name _____ Telephone# _____

Does your child have Health Insurance? **Y N If yes, Health Insurance Name** _____

Parent's Signature

Today's Date

Print Name