

Example of Player Information Sheets:

(TEAM NAME), Player Information Sheets

Player and Family Contact Information:

<i>Please complete any and all information that applies.</i>	
Player Name <i>(name that should appear on the player card)</i>	
Player Jersey Number <i>(include your preference, you will be contacted if there is a conflict)</i>	
Date of Birth <i>(MM/DD/YYYY)</i>	
Address – Street	
Address – City, State & Zip	
Mom's Name	
Dad's Name	
Siblings (first names and ages)	
Emails:	
Primary Email Address <i>(for all team communications)</i>	
Player's Email address <i>(if applicable and differs from above)</i>	
Other Email <i>(please specify who and when to use)</i>	
Other Email <i>(please specify who and when to use)</i>	
Phones:	
Primary Home Phone	
Player's Cell phone <i>(If applicable)</i>	
Mom's Cell phone	
Dad's Cell Phone	
Other Phone <i>(please specify who and when to use)</i>	
Other Phone <i>(please specify who and when to use)</i>	

Photographs of Players:

Our players are sometimes photographed or videotaped while participating in soccer games and practices. Occasionally we would like to share team and player photographs via email or post them on the team web site. Please provide your signature below as your concurrence and permission to post or email the players photos.

I hereby grant permission to publish photographs of my child on the ___(Team)_____ Web Site or distribute via email. I do hereby release the Stafford Area Soccer Association and the Stafford Revolution team/s from any and all liability or responsibility associated with the distribution of electronic photos.

Parent/Guardian Signature: _____ **Date:** _____

Special Information Regarding My Child:

The following information will be kept by the coaches in case of emergencies. This information is critical to the safety of your child and others. This will be kept confidential.

Does your child have any special needs, medical history, or conditions that your coaches should be aware of? (Please include all information and history that would be useful in case of an emergency.)

Please Describe:

Emergency Support:

Does either parent have medical training or certifications that would be useful to the team in case of an emergency? (examples might include first aide, CPR, RN, MD, EMT etc.)

Name: _____

Training/Certification: _____

Please contact the Coaching Staff should any of this information change.