



# North County Pacific SC

## Player Information Form



Player Name: \_\_\_\_\_ (Boy/Girl) Age \_\_\_\_\_

Player Cell Phone: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Player Email Address: \_\_\_\_\_

Father / Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mother / Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Doctor to Contact in Emergency \_\_\_\_\_ Phone \_\_\_\_\_

School Child Attends: \_\_\_\_\_ Grade: \_\_\_\_\_

List Any Medical Problems/Prohibition the player has. \_\_\_\_\_

\_\_\_\_\_

Are you trying out for a particular team or coach ? \_\_\_\_\_

If yes, who is it or what team? \_\_\_\_\_

How did you hear about the tryouts? \_\_\_\_\_

Previous soccer experience: \_\_\_\_\_

\_\_\_\_\_