

## 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**