



Player Registration Form – U18

Player Name: _____ Date of Birth: _____

Parent Name: _____ Mobile: _____

Contact Email: _____ Phone: _____

Address: _____

Emergency Contact Name: _____ Phone: _____

Medical Information Please detail any important medical issues the Club should be aware of:

Please detail any special needs or disabilities the Club should be aware of:

Do you consent to photography or video of your child for feedback or marketing? **Yes** **No**
(please circle)

Parent Name: Signature: _____ Date: _____