

# Play Active School Soccer (P.A.S.S.)

## *Caring for Our Communities' Children*

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Player's Cell (if applicable): \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade (as of September 2007): \_\_\_\_\_

Email address: \_\_\_\_\_

### **Parent/Guardian Information:**

Mother's Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell (if applicable): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell (if applicable): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Phone: \_\_\_\_\_ BC Medical Card #: \_\_\_\_\_

Please use this space to comment on any medications or medical or allergy concerns:

\_\_\_\_\_  
\_\_\_\_\_

### **Soccer Training Information:**

Club Team: \_\_\_\_\_ Coach: \_\_\_\_\_

Coach's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Any additional soccer and/or personal training programs: \_\_\_\_\_

Other sports interests: \_\_\_\_\_