

**BORGETTSTOWN SOCCER CLUB**  
*Registration Form*

Player's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: Female Male

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Receive Texts: Yes No

Parent Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Receive Texts: Yes No

In an emergency when parent / guardian cannot be reached, please contact the following:

Name: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Name: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Please list all allergies that the player has: \_\_\_\_\_

Please list all other medical conditions that the player has: \_\_\_\_\_

Please list any and all medications that the player is taking: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Medical / Hospital Insurance Company: \_\_\_\_\_ Phone \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_