

ACADEMY INFORMATION FORM  
FALL 2007

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PRESENT TEAM \_\_\_\_\_ COACH \_\_\_\_\_

PARENTS/GUARDIANS NAME \_\_\_\_\_

ADDRESS (IF DIFFERENT) \_\_\_\_\_

HOME PHONE # \_\_\_\_\_

PARENTS WORK \_\_\_\_\_ OR \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

RECORD OF ILLNESS. Check those which have occurred at any time

ASTHMA \_\_\_\_\_ DIABETES \_\_\_\_\_ HEART DISEASE \_\_\_\_\_

STATE ILLNESSES OF PAST FIVE YEARS \_\_\_\_\_

DO YOU WEAR CORRECTIVE LENSES? YES \_\_\_\_\_ NO \_\_\_\_\_

MEDICATION ALLERGIES \_\_\_\_\_

ACADEMY

TURBO

GOALKEEPER TRAINING

PD BY:

CASH

CHEQUE

AMOUNT:

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