

ACADEMY INFORMATION FORM

WINTER 2008

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 \checkmark

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:
