

Bartow Soccer Club

Competitive Soccer

Player Information Form



Coach: **Saunders** Year Player Born: _____

Tryout Date: _____

Players name: _____

Date of Birth: _____

Email: _____

Address: _____

Cell: _____

City: _____ Zip: _____

Father's Name: _____

Cell: _____

Employer: _____

Email: _____

Mother's Name: _____

Cell: _____

Employer: _____

Email: _____

Emergency phone number other than listed:

Name: _____ Relationship to player: _____

Previous Club or Coach: _____ Yrs Exp: _____

School player attends: _____ Grade Level: _____

Does player take any medication or have a medical condition that the coaches should know about:

Please indicate any other school or outside activities that the player may be involved in during practice or game times?
