



St. Francis DeSales Boys Soccer Player Information Sheet

Please complete the entire information sheet.

Player's Last Name _____ Player's First _____

Address _____ City _____ State _____ Zip _____

Home Phone # (____) _____ Cell Phone # (____) _____

Player Email _____

Grade (08-09 year) _____ Birthday _____

Club Team _____

Dad's Name _____ Mom's Name _____

Dad's Email _____ Mom's Email _____

Dad's Phone (H) _____ Mom's Phone (H) _____
(C) _____ (C) _____
(W) _____ (W) _____

Can we include your information on team handouts? YES NO

We would like to help the **DeSales Boys Soccer** as a chairperson:

___ Concession Lead ___ Charter Buses ___ Banquet

___ Meal Coordinator ___ Stats ___ Senior Night Posters

___ Field Lining Crew (practice field) ___ Parent Administrator

EMERGENCY INFORMATION!

Doctor _____ Phone _____

Medical Condition or Allergies: _____

Emergency Contact: _____ Phone _____ Relation _____