

**Acadia Fire FC -- SoccerMaine**      **Player Registration**  
*Team & Academy Players*

**I. PLAYER INFORMATION:**

Name - \_\_\_\_\_  
Age - \_\_\_\_\_      Gender- \_\_\_\_\_  
Birthdate- \_\_\_\_\_  
Home Phone- \_\_\_\_\_      Cell Phone- \_\_\_\_\_  
Street Address- \_\_\_\_\_  
Town- \_\_\_\_\_      Zip Code- \_\_\_\_\_  
School Attending- \_\_\_\_\_      Grade- \_\_\_\_\_

**II. FAMILY INFORMATION:**

<i>Parent #1</i>	<i>Parent #2</i>
First Name- _____	First Name- _____
Last Name - _____	Last Name - _____
Home Phone- _____	Home Phone- _____
Work Phone- _____	Work Phone- _____
Cell Number - _____	Cell Number - _____

**III. EMERGENCY INFORMATION:**

Person to Notify in an Emergency- \_\_\_\_\_  
Contact Phone Number- \_\_\_\_\_  
Doctor to Notify in Emergency- \_\_\_\_\_  
Doctor's Number- \_\_\_\_\_  
List any medical conditions- \_\_\_\_\_

**IV. COMMUNICATION INFORMATION:**

E-MAIL - \_\_\_\_\_  
Re-write E-MAIL- \_\_\_\_\_  
Check here if no E-MAIL - \_\_\_\_\_

**V. HEALTH INSURANCE INFORMATION:**

Carrier- \_\_\_\_\_  
Policy #- \_\_\_\_\_  
Check here if player has no insurance- \_\_\_\_\_

**\*\*PLEASE RETURN THIS FORM WITH THE CONTRACT\*\***

