



Huntley Travel Soccer Association Registration and Emergency Contact Form

Player's Name _____

Birth Date (mm/dd/yyyy) _____ Age Group—U _____

Previous Club _____ Yrs Playing _____

Street Address _____

City _____ Zip _____

Home # _____ Email _____

Other siblings registered at HTSA? _____

MEDICAL

Allergies _____

Other Medical Conditions _____

Physician _____ Phone # _____

Insurance Company _____ Phone # _____

Policy Holder's Name _____ Policy # _____

EMERGENCY INFORMATION

Father's Name _____ Home # _____

Email _____ Cell # _____

Mother's Name _____ Home # _____

Email _____ Cell # _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name/Relation _____ Home # _____

Work # _____ Cell # _____

Parent/Guardian Signature _____

Date _____