



# Heat United Soccer Club Registration & Emergency Contact Form

Player's Name \_\_\_\_\_

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

Previous Club \_\_\_\_\_ Yrs Playing \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Email \_\_\_\_\_

Other siblings registered at HUSC? \_\_\_\_\_

Primary Contact Phone # \_\_\_\_\_

Primary Contact Email \_\_\_\_\_

## MEDICAL

Allergies \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone # \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Policy # \_\_\_\_\_

## EMERGENCY INFORMATION

Father's Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone # \_\_\_\_\_

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

Name/Relation \_\_\_\_\_ Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_