

**PLAYER EMERGENCY INFORMATION FORM**

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**Player Information**

|               |  |              |  |
|---------------|--|--------------|--|
| First Name    |  | Last Name    |  |
| Address       |  |              |  |
| City          |  | Postal Code  |  |
| Date of Birth |  | Phone Number |  |

**Emergency Contacts**

|                 |  |
|-----------------|--|
| Mother/Guardian |  |
| Phone Number    |  |
| Cell Number     |  |

|                 |  |
|-----------------|--|
| Father/Guardian |  |
| Phone Number    |  |
| Cell Number     |  |

**Alternate Contact**

|              |  |              |  |
|--------------|--|--------------|--|
| Name         |  | Relationship |  |
| Phone Number |  | Cell Number  |  |



**BURLINGTON SOCCER CLUB**

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