

Golden Stars Football Academy - Player Registration Form

Player Information

Player Full Name _____

Date of Birth _____

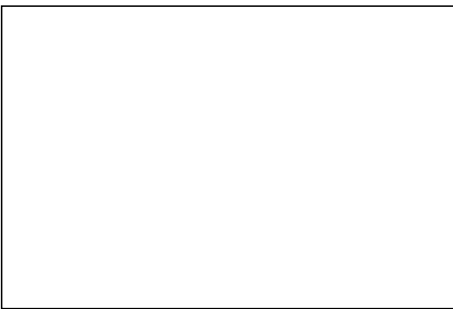
Age _____

Gender _____

School Attending _____

Class / Grade _____

Attach Passport Photo Here:



Parent/Guardian Information

Full Name _____

Phone Number _____

Email _____

Relationship to Player _____

Emergency Contact

Name _____

Phone Number _____

Relationship _____

Medical Information

Known Allergies or Conditions

Previous Injuries

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Ongoing Medications

Medical Insurance (if available)

Parental Consent

I confirm the above information is accurate and give permission for my child to participate.

I consent to initial medical treatment in case of emergency.

Parent/Guardian Signature _____

Date _____