



# CLASSICS ELITE SOCCER ACADEMY

## U5-U10 ACADEMY CONTACT INFORMATION FORM

PLAYERS NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

CURRENT CE ACADEMY TEAM (IF APPLICABLE): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

ZIP: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL: \_\_\_\_\_

MOTHER'S EMAIL: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL: \_\_\_\_\_

FATHER'S EMAIL: \_\_\_\_\_