



Whyalla Junior Soccer Association



Given Name	
Address	
City	
State	
Post Code	
Email Address	
Phone home	
Phone Home	
Mobile	
Emergency Contact	
Name	
Relationship to you	
Contact Number	
Mobile	
Email address	
Mothers Name	
Mothers Number	
Fathers Name	
Fathers Number	
Brothers	
Sisters	
Pets	
Height	
Shirt Size	
Short Size	
Sock Size	
Weight	
Hobbies	
Interests	



Passport Photo

Ambulance Cover Yes No
 Any Immediate Medical Issues

Taking Tablets Yes No
 Prescribed Drugs Yes No
 Allergies Yes No
 Asthma Yes No
 Use a Puffer Yes No
 Previous Injuries Yes No

What was Injured

Do you require strapping Yes No
 Do you wear Supports Yes No
 Wear Glasses Yes No
 Contact Lences Yes No

Soccer History

Clubs
 Honours
 What position did you play
 Best Achievements
 Strip Number

What's your Strengths:

What's your weakness:

Teachers Name:

Best Subject:

School Sports:

Achievements:

