

# GB EMS PLAYER INFORMATION SHEET

Players Name: \_\_\_\_\_

Football Experience: \_\_\_\_\_  
\_\_\_\_\_

Other team sports experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Regarding football, what are they most excited about? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Regarding football, what are they most apprehensive about? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What position would you like to try out for? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anything you would like us to know about your child, (medical conditions):  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
Parent/Guardion phone/mobile number: \_\_\_\_\_

The information you provide above will be considered confidential and used only by the GB EMS coaches.

Thanks

Coach Merrell