For Office Use Only
ID Type Presented at time of issue: _____

New, Renewal or Lost Card: _____

INDOOR Player/Coach Information Form

The following groups require EMSA I.D. CARDS:

****All Coaches, Assistant Coaches and Managers - U7 to U19****
All Players of:
**** Community - U13 to U19 ****
&
****ALL PREMIER TEAMS – U9 to U19****

****IDENTIFICATION MUST BE PRESENTED IN ORDER TO OBTAIN YOUR EMSA I.D. CARD (STUDENT ID'S ARE NOT ACCEPTED)****

Parent Last Name: _____

Parent First Name: _____

Parent Date of Birth: Year: _____ **Month:** _____ **Day:** _____

Player Last Name: _____

Player First Name: _____

Player Date of Birth: Year: _____ **Month:** _____ **Day:** _____

E-Mail: _____

Address: _____

City: _____ **Postal Code:** _____

Telephone Number: _____ **Cell Number:** _____

****Please circle the zone that you are residing in.**

West Mill Woods South West South East North St. Albert

Spruce Grove Sherwood Park Battleriver Tri-County

Other: _____

****Please CIRCLE one in each of the following:**

GENDER: Male Female TEAM: Boys Girls

YOUR CLASSIFICATION: Player Coach Manager Bench