

STARS 'N STRIPES PLAYER APPLICATION

GENERAL INFORMATION – please write/type clearly! – available on website to submit

Name _____ Male _____ Female _____

Address _____

City _____ State _____ Zip _____

Player's cell (_____) _____ Players Email _____

Dad's cell (_____) _____ Dad's Email _____

Mom's cell (_____) _____ Mom's email _____

Height _____ Weight _____ Birthdate _____

Preferred positions _____

SOCCER INFORMATION

Current Club team _____

Club Coach _____ Phone (_____) _____

Club Coach Email _____

Current School team _____

School Coach _____ Phone (_____) _____

School Coach Email _____

Previous teams _____

Team achievements (state champs, state cup, league winners, tournament winners, etc.)

Individual achievements (team captain, all conference, MVP, etc.)

Are you a member of ODP (Olympic Development Program) or ID2? _____

If so, what level? _____ Coach _____

Miscellaneous soccer information that may be useful in determining your acceptance status?

Do you have the support of your parents in pursuing international soccer travel? Yes _____ No _____

PERSONAL STATEMENT

On a separate sheet, please write a statement of your soccer objectives. Please include why you want to travel on a Stars ‘N Stripes international soccer tour. This essay should allow Stars ‘N Stripes to know you better as a person and as a player. You may also include any additional information you might think important to your application. Also, please include who or what influenced you to apply to Stars ‘N Stripes.

REFERENCES

List 3 people, and their relationship to you, who may be contacted as personal character references.

- 1. _____ Phone _____
- 2. _____ Phone _____
- 3. _____ Phone _____

APPAREL INFO AND SIZES – (Indicate Youth or Adult – Ex. YL or AL)

Uniform size _____ Short size _____ Sweat suit size _____

Uniform preference number, _____ 1ST Choice _____ 2ND _____ 3RD

T-shirt size _____ Polo size _____ Fleece Pullover _____

Please note that an order form will be available for options to order additional merchandise!

- Do you understand what it takes to be successful, on and off the field; for example, no consumption of alcohol, no smoking or other tobacco products, self-discipline, and respect for others? Yes/No _____
- Are you willing to make the sacrifices required to play and travel for Stars ‘N Stripes? Yes/No _____
- Do you have the commitment level to play for Stars ‘N Stripes? Yes/No _____

Please return this application along with your non-refundable deposit of \$500.00 to Stars ‘N Stripes to reserve your space on tour.

**STARS ‘N STRIPES
361 Cambridge Drive
Fairview, TX 75069**

Thanks for your interest in Stars ‘N Stripes and for taking the time to accurately complete this application. You will be notified as quickly as possible of your status and please contact Stars ‘N Stripes if there are any questions or concerns.

Yours in Soccer,
Ed Puskarich
Executive Director
Stars ‘N Stripes International Soccer Tours

STARS 'N STRIPES INTERNATIONAL SOCCER TOURS

361 Cambridge Drive Fairview, TX 75069

Tel – 214-718-9963

Website – WWW.STARSNSTRIPESOCCER.COM

Email – EPuskarich@gmail.com

MEDICAL HISTORY FORM

Last Name (Print) First Name Middle Date of Birth Sex (M or F)

Home Address City State Zip

Name next of Kin/Guardian Home Address Home Phone

1. Name of Contact in case of Emergency Cell Phone Home Phone

2. Name of Contact in case of Emergency Cell Phone Home Phone

Health Ins. Carrier _____ Phone Number _____

Policy Number _____

(Note: Please ensure that this policy covers foreign travel.) Please copy front and back of Insurance Card and submit with the medical forms!

Immunizations: Date Completed/Last Booster

Tetanus _____

Polio _____

Measles/Mumps/Rubella _____

Haemophilus type B _____

Hepatitis B _____

Allergies: _____

Current Medications: _____

Current Medical Problems/Illness being treated by a Physician: _____

Past Medical Problems treated by a Physician: _____

Other Medical information that staff should be made aware of: _____

MEDICAL HISTORY FORM CONTINUED

Hospitalizations: _____

Surgeries: _____

Yes	No	Have you ever had any of the following?
_____	_____	1. Concussion/lost consciousness/seizure/migraine headaches
_____	_____	2. asthma/bronchitis/shortness of breath/pneumonia
_____	_____	3. heart murmur/palpitations/rheumatic fever/high blood pressure
_____	_____	4. hepatitis/diabetes/ulcers/hernia/gallstones/mononucleosis
_____	_____	5. kidney stone/urinary tract infection/missing testicle
_____	_____	6. broken bone/dislocation/sprain/muscle pull
_____	_____	7. fainting/heat stroke/heat exhaustion
_____	_____	8. anemia/easy bruising/sickle cell/bleeding disorder
_____	_____	9. neck pain/"burner"/back pain/numbness
_____	_____	10. loss of vision/glasses/loss of hearing/hearing aid
_____	_____	11. blood transfusion/blood disorder

Please explain any "Yes" answers/giving dates of any injuries/disorders/situations: _____

Medical Emergency Authorization:

During my child's/ward's participation in the Stars 'n Stripes program, I hereby authorize the coaches, trainers, or chaperones of Stars 'n Stripes to make decisions to proceed with any critical medical or surgical treatment required for my child's/ward's health and welfare, provided an attempt to notify me has first been made.

I hereby give authorization for; _____
(Player's Name)

Signature of Parent or Guardian Date

Medication Administration Authorization:

The Trainer/Coach/Staff for Stars 'n Stripes has my permission to give my child/ward over-the-counter medications stocked in the medical kit or prescribed medications by a physician specifically prescribed for my child/ward.

YES NO (Circle One) _____
(Initials)

Please attach a copy of your insurance card, front and back, to the back of this form, please!

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PHYSICIAN'S STATEMENT OF PHYSICAL FITNESS

I hereby certify that _____ is physically fit to
(Player's Name)

participate in the Stars 'N Stripes International Soccer Tour. He/She is free of any present illness or condition which might prevent him/her from participating. Please note any exceptions below:

Signature of Physician Date

Name of Physician

Address Email Address

City State Zip

Work Phone Emergency Phone Fax Number