



TOPSOCCER REGISTRATION

Player Information:

Player's Name _____ Phone # _____

Date of Birth _____ Age _____ Circle: Male/Female

Address _____

City _____ Zip _____

Wheelchair _____ Walker _____ Other _____

Are there any limitations or behavior concerns that the coach should be aware of?

Parent/Guardian Information:

Mother's Name _____ Father's Name _____

E-mail address _____

Group Home Information:

Agency Name: _____ Supervisor Name _____

Agency Phone # _____ Supervisor Phone# _____

*Group home staff MUST REMAIN AT THE FIELDS and assist players if needed.

Photo Release:

I hereby give my permission to the TOPSoccer program, to use any portrait, picture, photograph, and/or video of my child, myself or my family, for the sake of publicity for the TOPSoccer program.

Parent or Guardian Signature: _____ Date: _____