SOUTH DAYTON T.O.P. SOCCER

REGISTRATION FORM

MAIL Registration AND Park Release Forms and \$25.00 Registration Fee by Monday, July 30, 2018.

All money will be due with your registration form, unless other arrangements are made.

PLAYER INFO	<u>RMATION</u>							
First		M,	/I	Last				
Address								
City			State	Zip				
Home Phone _			Date of Birt	h/	_/ Ag	e		
Does	s your child u	se a wheelchair	or walker?	Whe	elchair	Walker		
	forward. We	ed below to help e are asking that						
NO A	ADULT size	YOUTH size XXL shorts. Yo		to supply you	ur own black :	shorts if nec		
SHIRT/UNIFO		ALE			RT SIZE SCA			
Adult Shirt Siz S(34-36) M(38-4		XL(46-48) 2XL(50-52)		ult Short Siz 28-30) M(32-3		XL(40-42)	
Youth Shirt Si S(6/8) M(10/12					uth Short Siz 20-22) M(24-2			
UNIFORM SIZE	S – (circle	the sizes belov	w that you	need)				
Shirt Size:	YouthSM	YouthMed	YouthLg	AdultSm	AdultMed	AdultLg	AdultXL	Adult2XL
Short Size:	YouthSM	YouthMed	YouthLg	AdultSm	AdultMed	AdultLg	AdultXL	
Sock Size:	Small	Medium	Larg	e				
PARENT INFO	RMATION							
Mother's Name	:			_ e-mail:				_
Home Phone:				cell phone:				_
Father's Name:				e-mail:				_
Home Phone:				cell phone:				_

Person to notify in an emergency
WAIVER OF LIABILITY I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYSA its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Programs") I hereby release, discharge and/or otherwise indemnity the USYSA, its affiliated organizations and facilities utilized for the Programs. Against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. Parent/Legal Guardian (please print): Signature: Date: Date: Date: Date: Date: Date: Date: Date: Parent/Legal Guardian Signature: Address: Home Phone: Date: PHOTO RELEASE We would like to post player pictures on our website. Please sign below if we have your permission to post pictures of your player at southdaytontopsoccer.com. South Dayton T.O.P. Soccer has my permission to post my picture (if over 21 years old) or the picture of my son/daughter (if under 21) on the South Dayton T.O.P. Soccer website for the sole purpose of promoting T.O.P. Soccer. Players will not be identified by name. Parent/Legal Guardian Signature: Date: Dat
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VOLUNTEEDI
VOLUNTEEDI
VOLUNILLK:
Would you be willing to volunteer for one of the following:
Head Coach Assistant Coach Team Mom/Dad/Grandparent/Guardian
DO NOT WRITE BELOW THIS LINE – ADMINISTRATIVE USE ONLY
Registration Paid? Cash Check #
Date Paid:/ Received by:
Hotwheels Dribblers Shooters Wings Kickers Passers Sweepers

MAIL THE COMPLETED FORM TO:

South Dayton T.O.P. Soccer P.O. Box 750252 Dayton, OH 45475