

NORTH DAYTON TOP SOCCER

REGISTRATION FORM

\$15.00 Registration Fees are due by: AUGUST 10TH, 2011

Fees will increase to \$25 if received after Aug. 10th deadline.

FINAL registration deadline will be on opening day.

All money will be due on opening day as well, unless other arrangements are made.

PLAYER INFORMATION

First _____ M/I _____ Last _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Date of Birth ____/____/____ Age ____



Adult Shirt Size Scale
S(34-37) M(38-41) L(42-45) XL(46-49) 2XL(50-53)

Youth Shirt Size Scale
S(25-27) M(28-30) L(31-33)

S Adult Short Size Scale
S (28-30) M(32-34) L(36-38) XL(40-42)

Youth Short Size Scale
S(20-22) M(24-26) L(28-30)

UNIFORM SIZES – (circle the sizes below that you need)

Shirt Size: YouthSM YouthMed YouthLg AdultSm AdultMed AdultLg AdultXL Adult2XL

Short Size: YouthSM YouthMed YouthLg AdultSm AdultMed AdultLg AdultXL

Sock Size: Adult Junior Youth

PLAYER PROFILE

Strengths:

What are your child's areas of strength as it pertains to athletics? _____

Does your child use a wheelchair or walker? _____Wheelchair _____Walker _____Neither

Briefly describe your child's physical and medical condition. _____

PARENT INFORMATION

Fathers Name: _____ e-mail: _____

Cell Phone: _____ Wk Ph: _____

Mothers Name: _____ e-mail: _____

Cell Phone: _____ Wk Ph: _____

WAIVER OF LIABILITY

I, the parent/guardian of the registrant a minor, agree that the registrant and I will abide by the rules of North Dayton TOP Soccer, the Ohio South Youth Soccer Association and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for North Dayton TOP Soccer and OSYSA accepting the registrant for its soccer programs and activities (the Programs) I hereby release, discharge and / or otherwise indemnify North Dayton TOP Soccer, the OSYSA, its affiliated organizations and sponsor and their employees and associated personnel including the owners of fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrants participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribe by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Signature: _____ Relationship: _____ Date: ____/____/____

VOLUNTEER!

Would you be willing to volunteer for one or more of the following:

_____ Head Coach _____ Assistant Coach _____ Team Mom _____ Banquet Committee

DO NOT WRITE BELOW THIS LINE – ADMINISTRATIVE USE ONLY

Registration Paid? _____ yes _____no

_____Cash _____Check #_____

Date Paid: _____/_____/_____

Received by: _____

Dribblers
Ages 5-7

Shooters
Ages 8-11

Wings
Ages 12-15

Kickers
Ages 16-19

MAIL THE COMPLETED FORM TO:

Amber Robinson
Soccer Coordinator
1202 S. Mulberry St
Troy, OH 45373