

# 2019 NORTH DAYTON TOP SOCCER REGISTRATION FORM

## **\$25.00 Registration Fees are due by: AUGUST 4<sup>TH</sup>, 2019**

Fees will increase to \$35 if received after Aug. 4<sup>th</sup> 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:** Youth-SM Youth-Med Youth-Lg Adult-Sm Adult-Med Adult-Lg Adult-XL Adult-2XL

**Short Size:** Youth-SM Youth-Med Youth-Lg Adult-Sm Adult-Med Adult-Lg Adult-XL

**Sock Size:** Junior (smallest) Youth Adult (largest)

### **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 prescribed 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

***Please make checks payable to North Dayton TOP Soccer***

**MAIL THE COMPLETED FORM TO:**

Amber Robinson  
Dayton TOP Soccer Director  
115 Washington Road  
Troy, OH 45373