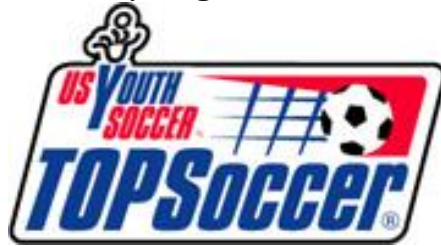


Cromwell Chill Soccer
TOPSoccer REGISTRATION FORM
Fall/Spring 2015-2016



Player's Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Date of Birth: _____

Parent/Guardian (s) Name (s) _____

E-mail: _____

Shirt Size: _____ Sex: _____ Age: _____

Registration Fee: \$35.00 made payable to Cromwell Chill Soccer Club. This fee is payable at the time of registration and includes fall and spring season. Players who join for the spring session only may pay \$20.

Please mail your forms and payment to:

Cromwell Chill Soccer Club, PO Box 1272, Cromwell, CT 06416.

I GIVE MY PERMISSION TO HAVE MY CHILD'S PICTURE USED IN NEWSPAPER ARTICLES, PROMOTIONAL VIDEOS OR ON TV.

Signature of Parent or Legal Guardian _____

Name of Parent or Legal Guardian (please print) _____