

TOPSOCCER REGISTRATION FORM 2018

Players Last Name _____ First _____

Street Address _____ Town/Zip _____

Home Phone _____ Date of Birth ____/____/____

____M or ____F Current Grade _____ School _____

We require at least one adult family member or adult representative to remain at the fields for the entire soccer season. Thank you.

Contact Information:	Father/Step Father/Guardian	Mother/Step Mother/Guardian
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Parent Names	_____	_____
	First and (Last, if different from player)	First and (Last, if different from player)

Parent Cell Phone #s	_____	_____
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Cell Phone Provider names (to receive game/practice text messages)	_____	_____
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Email Address(es)	_____	_____
	Email PRINT CLEARLY	Email PRINT CLEARLY

Permission to be photographed – TUSC/TOPSoccer requests permission from parents or guardians for players younger than 18 years. These photos could be either team photos given out to players, buddies, coaches and volunteers or action shots taken during games. Photos might also be used for publicity in local papers to advertise future sessions or sent to thank sponsors for their support of the program.

_____ Yes - I give permission _____ No - I do not give permission
Parent/Step Parent/Guardian signature

Would you like to volunteer? Yes/No Would you like to help with Fundraising? Yes/No

Is there a need for financial assistance in order for your child to attend TOPSoccer? Yes/No
Scholarships are available please contact Kelly Miyaki 203-339-5164

Please indicate Season(s) you are registering for:

I am registering 1 player _____
I am registering 2 players _____
I am registering 3 players _____
Amount Due _____

FEES:
Fall or Spring 1 player: \$35.00
Fall or Spring 2 players: \$55.00
Fall or Spring 3 players: \$75.00

Please mail completed forms and payment to: Kelly Miyaki, 59 Magnolia Rd. Trumbull, CT 06611