

# Fall 2010 TOPSoccer Player Registration Form

## Sunflower Soccer Association

P.O. Box 750194 • Topeka, Kansas 66675 • (785) 233-9700 • [www.sunflowersoccer.org](http://www.sunflowersoccer.org)  
 (Fee information and registration deadlines available on reverse side of form.)

**PLAYER** LAST NAME: \_\_\_\_\_ **PLAYER** FIRST NAME: \_\_\_\_\_ SEX: M OR F (CIRCLE ONE)

ADDRESS: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

SCHOOL (NOT PRESCHOOL): \_\_\_\_\_ GRADE: \_\_\_\_\_ **MOTHERS MONTH & DAY OF BIRTH:** \_\_\_\_\_  
 (PLEASE LIST SCHOOL CHILD ATTENDS OR WILL ATTEND) (FALL 2010) (KS YOUTH SOCCER REQUIRES THIS FOR REGISTRATION PURPOSES)

PARENT/GUARDIAN: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 (COMPLETE ADDRESS, INCLUDING CITY, STATE & ZIP, IF DIFFERENT FROM CHILDS)

HOME PHONE: \_\_\_\_\_ PLACE OF EMPLOYMENT: \_\_\_\_\_  
 (IF DIFFERENT FROM CHILDS)

WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 (COMPLETE ADDRESS, INCLUDING CITY, STATE & ZIP, IF DIFFERENT FROM CHILDS)

HOME PHONE: \_\_\_\_\_ PLACE OF EMPLOYMENT: \_\_\_\_\_  
 (IF DIFFERENT FROM CHILDS)

WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

PLAYED PREVIOUSLY WITH SSA? YES NO LAST SEASON: \_\_\_\_\_ LAST COACH: \_\_\_\_\_  
 (ALL **NEW** PLAYERS **MUST** PROVIDE A COPY OF A STATE CERTIFIED BIRTH CERTIFICATE. HOSPITAL BIRTH ANNOUNCEMENTS ARE NOT ACCEPTED.)

**UNIFORM SIZES (PLEASE CIRCLE)**

	YXS	YS	YM	YL	AS	AM	AL	AXL
Shirt sizes	4	6-8	10-12	14-16	36-38*	38-40*	40-42*	44-46*
Short size	4	6-8	10-12	14-16	28-30**	32-34**	36-38**	40-42**

\* INDICATES CHEST SIZE  
 \*\*INDICATES WAIST SIZE

**PARENTAL SUPPORT (WE ASK FOR ACTIVE PARTICIPATION; PLEASE CHECK ONE OR MORE. INDICATE "M" FOR MOTHER OR "F" FOR FATHER.)**

\_\_\_\_ Coach \_\_\_\_ Asst. Coach \_\_\_\_ Field Workday \_\_\_\_ Board of Trustees \_\_\_\_ Soccer Tournament \_\_\_\_ Board Nominating Committee

**PARENTAL/GUARDIAN CONSENT:** I (we) the undersigned parent(s)/guardian(s) of the above-named player do agree and give my/our permission for his/her participation on a Sunflower Soccer team. I (we) hereby give 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. I (we) understand that every effort will be taken to insure the safety of every child, but also acknowledge that there are certain inherent risks involved in playing soccer, and that some injuries may occur. I (we) acknowledge that Sunflower Soccer requires the use of shin-guards by all players. I (we), also agree to abide by the Sunflower Soccer "code of conduct" for coaches, parents and spectators. I (we) agree that the employees, officers, directors, and coaches of Sunflower Soccer shall not be held liable or responsible for accidents or injuries occurring during practice sessions, games or other soccer activities. I (we) understand that participation constitutes my/our approval for the use of photographs for publicity and promotion of Sunflower Soccer Association.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_

IN COOPERATION WITH TARC AND WASHBURN UNIVERSITY WOMEN'S SOCCER

PLEASE DESCRIBE HOW WE CAN BEST SUPPORT YOUR CHILD AS THEY PARTICIPATE IN OUR SOCCER PROGRAM (ADAPTIVE EQUIPMENT, SPECIALIZED INSTRUCTION, ETC.)

PLEASE SHARE WITH US ANY INFORMATION WE NEED TO BE CERTAIN YOUR CHILD IS AS SAFE AS POSSIBLE WHEN THEY PARTICIPATE IN OUR PROGRAM (MEDICAL RESTRICTIONS, PHYSICAL NEEDS, ETC.)

ALL INCOMPLETE REGISTRATIONS WILL BE RETURNED FOR COMPLETION.

**FINAL REGISTRATION DEADLINE IS July 22, 2010**  
**Mandatory parent meeting at Washburn University,**  
**August 22, 2010**

TOPSoccer (The Outreach Program for Soccer) is a community-based training and team placement program for young athletes with disabilities, organized by youth soccer association volunteers. The program is designed to bring the opportunity of learning and playing soccer to any boy or girl, who has a cognitive or physical disability.

To be eligible to play, your child must be no younger than four years old and no older than 18 on or before July 31, 2010.

Topeka TOPSoccer is a practice/play league. Players gather on Sunday afternoons for a half hour practice session and a half hour to 45 minutes of scrimmage. Players play against others of similar ability and size.

Complete the application on the reverse side and be sure to include your signature. All **first time** players in Sunflower Soccer Association **must attach a photocopy of a certified birth certificate from the state where they were born**. A hospital certificate is **not** acceptable. Mail the registration form, and birth certificate if needed, to P.O. Box 750194, Topeka, KS 66675. A parent meeting will be held August 22, 2010 at Washburn University. The season will begin in September.

Registration forms will be returned if they are not signed and all required documents and fees are not included.