

# TOPSoccer PLAYER REGISTRATION FORM

## Sunflower Soccer Association

P.O. Box 750194 • Topeka, Kansas 66675 • (785) 233-9700 • [www.sunflowersoccer.org](http://www.sunflowersoccer.org)

**Registration Deadline – March 4, 2010**

### PLAYER

NAME: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ 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) (AUGUST 08) (KS YOUTH SOCCER REQUIRES THIS FOR REGISTRATION PURPOSES)

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

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

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

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

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

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

HAS YOUR CHILD PREVIOUSLY PLAYED SOCCER WITH SUNFLOWER SOCCER ASSOCIATION? YES NO

IF YOU ANSWERED "NO" PLEASE PROVIDE A PHOTOCOPY OF A STATE CERTIFIED BIRTH CERTIFICATE. HOSPITAL BIRTH ANNOUNCEMENTS ARE NOT ACCEPTED. ALL NEW PLAYERS ARE REQUIRED TO SUBMIT A COPY OF A BIRTH CERTIFICATE PER US YOUTH SOCCER RULES.

PRIMARY DISABILITY: \_\_\_\_\_

SECONDARY DISABILITY: \_\_\_\_\_

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.)

(OVER)

PLEASE LIST ANY SOCCER EXPERIENCE YOUR CHILD HAS HAD PREVIOUSLY (INCLUDING HOW MUCH EXPERIENCE & WHERE HE/SHE PARTICIPATED.)

WE HAVE SOCCER BUDDIES WHO WILL BE AVAILABLE FOR OUR PLAYERS. WE HOPE TO MATCH EACH PLAYER WITH AN INDIVIDUAL WHO WILL HELP THEM PARTICIPATE AS FULLY AS POSSIBLE IN THIS PROGRAM. PLEASE SHARE HOW YOU FEEL A SOCCER BUDDY CAN BEST ASSIST YOUR CHILD TO SUCCEED.

**UNIFORM SIZES (PLEASE CIRCLE) – ALL NEW PLAYERS WILL RECEIVE A UNIFORM**

Shirt sizes	YXXS	YXS	YS	YM	YL	AS	AM	AL	AXL
Short sizes	YXXS	YXS	YS	YM	YL	AS	AM	AL	AXL

**PARENTAL SUPPORT ( 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:** \_\_\_\_\_

**FOR SSA OFFICE USE ONLY – DO NOT WRITE IN THIS AREA**

DATE REC'D \_\_\_\_\_ REC'D BY \_\_\_\_\_