

TOPSoccer REGISTRATION FORM

Player's Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Date of Birth: _____

E-mail: _____

Shirt Size: _____ Sex: _____ Age: _____

If this is a first time registration for your child with Enfield Soccer Club (TOPSoccer), a PHOTOCOPY of his/her birth certificate must accompany this registration form. The Enfield Soccer Club will keep this copy on file with the registration form. It will NOT be returned.

Registration Fee: \$30.00 made payable to the Enfield Soccer Club. This fee is payable at the time of registration.

Please mail your forms and payment to Tina Clark, 26 Betty Road, Enfield, CT 06082.

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

As a volunteer organization, we can always use your support to maintain the TOPSoccer program. If you can help, please check one of the positions below:

Coach ____ Mentor ____ Committee Member ____ Administration ____

Signature of Parent or Legal Guardian _____

Name of Parent or Legal Guardian (please print) _____

(*Please also complete and return a TOPSoccer MEDICAL INFORMATION FORM and a TOPSoccer AGREEMENT TO PARTICIPATE FORM)