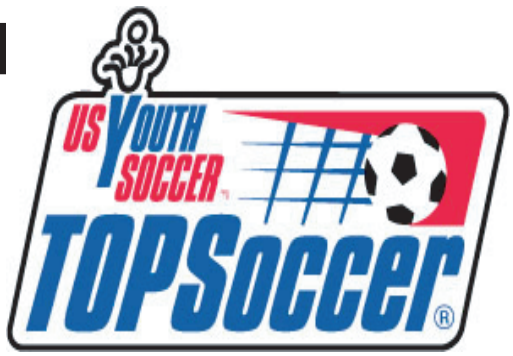
REGISTRATION FORM



Fees: Spring $30, Fall $50
(Separate Forms and Fees Required Each Season)

Mail to:
Cincinnati TOP Soccer
5081 Cox Smith Road
Mason Ohio 45040
No Cash Please
Checks made payable to Cincinnati TOPSoccer

PLAYER INFORMATION

First _____ MI _____ Last _____

Address _____

City _____ State_____ Zip_____

Home Phone _____ Date of Birth _____ Age _____

Preferred Location: circle one
EAST / SOUTH **NORTH / CENTRAL** **WEST**
(Amelia) **(Mason)** **(Harrison)**

Shirt Size: YS YM YL AS AM AL AXL A2XL

Short Size: YS YM YL AS AM AL AXL

Sock Size: S M L

PLAYER PROFILE

Independence:

My child won't need a "buddy" on the field _____

My child will be "buddied" by _____ Relationship _____

We would like to have a volunteer "buddy" assigned to my child _____

Strengths:

What are your child's areas of strength as it pertains to athletics? _____

_____

_____

In what areas would you like to see improvement? _____

_____

_____

Does your child need to use a wheelchair or walker? Wheelchair Walker Neither

Briefly describe your child's physical and medical condition: _____

_____

_____

What are some motivational techniques that would help your child? _____

_____

_____

PARENT INFORMATION

Father's Name _____ Work Phone _____ E-mail _____

Mother's Name _____ Work Phone _____ E-mail_____

WAIVER OF LIABILITY

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of Cincinnati TOPSoccer, the Ohio South Youth Soccer Association, and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for Cincinnati TOPSoccer and OSYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify Cincinnati TOPSoccer, the OSYSA, its affiliated organizations and sponsor and their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian of the above-named player, I hereby give my 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.

Signature _____ Relationship_____ Date _____