

SWSA TOPSOCCER REGISTRATION FORM - 2013

PLAYER INFORMATION		
Last Name	First Name	MI
_____	_____	_____
Address	Town	Zip
_____	_____	_____
DOB	Phone No:	
_____	_____	

Parent Name:	_____
Address (if different than above):	_____
City/State/Zip:	_____
Cell Phone:	_____
E-Mail Address: (Please Print)	_____
Parent Name:	_____
Address (if different than above):	_____
City/State/Zip:	_____
Cell Phone:	_____
E-Mail Address: (Please Print)	_____

Health Information

(Check all those that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Mobility Impairment | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Non-Verbal, signs | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Atlanto-axial Instability | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Visually Impaired |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Bleeding Problems | <input type="checkbox"/> Low Blood Pressure |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Asthma | <input type="checkbox"/> Learning Disabilities |
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Emotional Problems | <input type="checkbox"/> Hearing Impaired |

Additional Comments Regarding Athletes Needs:

Shirt Size: Please indicate what size of shirt best fits you.

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Youth Small | <input type="checkbox"/> Adult Medium |
| <input type="checkbox"/> Youth Medium | <input type="checkbox"/> Adult Large |
| <input type="checkbox"/> Youth Large | <input type="checkbox"/> Adult X-Large |
| <input type="checkbox"/> Adult Small | <input type="checkbox"/> Adult XX-Large |