



**RYSL TOPSoccer Fall 2011 Player Registration Form**

<b>Player Details</b>			
Players Name		Gender	
Address		Current Age	
City		Date of Birth	
Zip Code		Jersey Size	

Players Impairment / Disability	
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If Down Syndrome, have you had a cervical spine x-ray for Atlanto-Axial Instability?  
 Were the Results Positive?  or Negative ?   
 We require a copy of a Doctors note indicating the x-ray results along with your registration.

<b>Parent / Guardian Details</b>			
Mother Name		Fathers Name	
Mothers Phone		Fathers Phone	
Mothers Email		Fathers Email	

**Waiver:**  
 (Players Name) ..... has my permission to play soccer in the RYSL TOPSoccer Program. In consideration of your accepting my child into the program, I hereby relinquish, Rochester Youth Soccer League, Rochester Soccer Club, it's agents and assigns from all potential rights and damage claims for injuries which may occur to the said child as a result of sustaining bodily injury whilst participating in the program. I understand that heading the soccer ball will not be allowed. All players must wear shin guards and the appropriate footwear at all times.

Parent or Guardians Signature ..... Todays Date: .....

Print name of Parent or Guardian .....

Please Print out and forward your manual registration to our office:  
 RYSL TOPSoccer, 1460 Walton Blvd, Suite 203, Rochester, MI, 48309.