



**RYSL TOPSoccer Winter Indoor 2010  
Player Registration Form**

TOPSoccer is back for the winter indoor season! Coach Carol is looking forward to seeing all of the kids! TOPS will be held for 6 weeks on Sundays from 12:30-1:30pm at Oakland Christian School in the lower gym located at 3075 Shimmons Rd, Auburn Hills, MI 48326. The dates for TOPSoccer are 1/10, 1/17, 1/24, 1/31, 2/7, 2/14. Registration cost is \$60. Please make checks payable to RYSL and return with your registration form to the RYSL Office.

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

Players Impairment / Disability

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.

Parent / Guardian Details			
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.