

STSA TOPSOCCER REGISTRATION

Tri-City impaired athletes from ages 4 to 18 are welcome

PLAYER INFORMATION:

Player's Name _____ Age: _____

Address _____ Sex _____ Date of Birth _____

City _____ Zip _____ Soc.Sec. # _____
MANDATORY-FOR INSURANCE PURPOSES

Guardians Name _____ Phone _____

Jersey Size (usually one size larger than regular shirts) _____

Athlete's Impairment/Disability: _____

I can help with: _____

You MUST register to play. Guardians must attend soccer events. Manual wheelchair and walker athletes are welcome to register. Please reuse original equipment, we will exchange for larger sizes. Exchanged items need to be cleaned first. Please use the back side for comments or suggestions.

Sessions held at the Saginaw Township Soccer Complex on McCarty Road. Games/Clinics are to be on Wednesdays Clinics start at 6:00 PM and the games will start at approximately 6:30 PM. Players will meet at the Pavilion prior to Clinics.

WAIVER:

_____ Has my permission to play soccer in the Saginaw Township Soccer Association. In consideration of your accepting my child into the Saginaw Township Soccer Association, Inc., I relinquish the Association, its agents and assigns, from all potential rights and damage claims for injuries which may occur to said child as the result of sustaining bodily injury while participating in the program.

PARENT OR GUARDIAN'S SIGNATURE _____ **DATE** _____

Registration, socks, and jersey fees are covered by Saginaw Township Soccer Association and United States Youth Soccer Association. **This is a totally free soccer experience.** Social Security Number is **REQUIRED** for insurance. Program is for Boys and Girls aged 4 - 18. Contact Tom Thompson at (989) 797-3730 for any further questions or John Kellett at (989) 799-4280 (W). Check our website at www.saginawsoccer.org

MAIL form to: STSA – TOPSOCCER
 PO BOX 6155
 SAGINAW MI 48608

Or Fax to: “John Kellett”
 Dataworks, Inc.
 (989) 799-4690