

LAYSL TOPSoccer Program

5030 Meadowbrook Drive; West Bloomfield, MI 48322

248-505-9007

www.layslonline.com

tops@layslonline.com

Player's Name: _____

Birthday _____

Address: _____

City, State, Zip _____

Phone: (H) _____

(C) _____

E-Mail: _____

Parent/Legal Guardian Name: _____

Emergency Contact: _____ Phone: _____

School player attends: _____

Insurance Company: _____

Policy # _____

Health Information: (Circle all those that apply)

Down Syndrome

Cerebral Palsy

Heart Problems

Seizure Disorder

Visually Impaired

Hearing Impaired

Fainting Spells

Non-Verbal, signs

Bleeding Problems

Mobility Impairment

Asthma

Autism

Others: Please list any information that the coaching staff needs to know about your child. Include medications and symptoms.

Special Needs: (Such as wheelchair, hearing aid, glasses, etc.) Please list any information that the coaching staff needs to know about your child, use the back of this form if you need more room.

Primary Care Physician: _____

Address: _____

Telephone Number: _____

Player's Jersey Size: **Youth:** Large **Adult:** Small Medium Large X-XXLarge

Volunteer today! Coach Volunteer

I agree to allow my child to participate in the LAYSL TOPSoccer Club. I have read the guidelines and understand them. I have discussed this with my child's primary care physician and he/she has approved my child's participation. I will attend all TOPSoccer sessions with my child. I acknowledge that I am aware that each participant will be engaging in athletic activities based on ability and that involves a risk of serious injury. I release, waive and discharge and covenant not to sue the LAYSL and MSYSA, it's members, volunteers, staff, teams and any other persons.

Cost: \$18.50. Please send registration form and fee to LAYSL-5030 Meadowbrook, West Bloomfield, MI 48322

Parent/Guardian Signature: _____