

In cooperation with the City of Topeka, Parks and Recreation Department
COMPETITIVE PLAYER REGISTRATION FORM
Sunflower Soccer Association

P.O. Box 750194 • Topeka, Kansas 66675 • (785) 233-9700 • www.sunflowersoccer.org

PLAYER **PLAYER**
LAST NAME: _____ FIRST NAME: _____ SEX: M OR F (CIRCLE ONE)

ADDRESS: _____ BIRTH DATE: _____

CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE: _____

SCHOOL (NOT PRESCHOOL): _____ GRADE: _____ **MOTHERS MONTH & DAY OF BIRTH:** _____
(PLEASE LIST SCHOOL CHILD ATTENDS OR WILL ATTEND) (AUGUST 11) (KS YOUTH SOCCER REQUIRES THIS FOR REGISTRATION PURPOSES)

PARENT/GUARDIAN: _____ ADDRESS: _____
(ONE NAME ONLY, PLEASE) (COMPLETE ADDRESS, INCLUDING CITY, STATE & ZIP, IF DIFFERENT FROM CHILDS)

HOME PHONE: _____ PLACE OF EMPLOYMENT: _____
(IF DIFFERENT FROM CHILDS)

CELL PHONE: _____ WORK PHONE: _____ E-MAIL ADDRESS: _____

PARENT/GUARDIAN: _____ ADDRESS: _____
(ONE NAME ONLY, PLEASE) (COMPLETE ADDRESS, INCLUDING CITY, STATE & ZIP, IF DIFFERENT FROM CHILDS)

HOME PHONE: _____ PLACE OF EMPLOYMENT: _____
(IF DIFFERENT FROM CHILDS)

CELL PHONE: _____ WORK PHONE: _____ E-MAIL ADDRESS: _____

PLAYED PREVIOUSLY WITH SSA? YES NO

(ALL **NEW** PLAYERS **MUST** PROVIDE A COPY OF A STATE CERTIFIED BIRTH CERTIFICATE. HOSPITAL BIRTH ANNOUNCEMENTS ARE NOT ACCEPTED.)

TEAM NAME: _____

PARENTAL SUPPORT (WE ASK FOR ACTIVE PARTICIPATION; PLEASE CHECK ONE OR MORE. INDICATE "M" FOR MOTHER OR "F" FOR FATHER.)

____ Coach ____ Asst. Coach ____ Field Workday ____ Board of Trustees ____ Soccer Tournament ____ Board Nominating Committee

PARENTAL/GUARDIAN CONSENT: I (we) the undersigned parent(s)/guardian(s) of the above-named player do agree and give my/our permission for his/her participation on a Sunflower Soccer team. I (we) hereby give consent for emergency medical care prescribed by a duly licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent. I (we) understand that every effort will be taken to insure the safety of every child, but also acknowledge that there are certain inherent risks involved in playing soccer, and that some injuries may occur. I (we) acknowledge that Sunflower Soccer requires the use of shin-guards by all players. I (we), also agree to abide by the Sunflower Soccer "code of conduct" for coaches, parents and spectators. I (we) agree that the employees, officers, directors, and coaches of Sunflower Soccer shall not be held liable or responsible for accidents or injuries occurring during practice sessions, games or other soccer activities. I (we) understand that participation constitutes my/our approval for the use of photographs for publicity and promotion of Sunflower Soccer Association.

SIGNATURE OF PARENT/GUARDIAN: _____