



2010 TOPSoccer of Sioux Falls

Registration Fee: \$10 (Scholarship Money Available)

Mail completed forms to:
Dakota Alliance Soccer Club
401 W. 39th Street
Sioux Falls, SD 57105
605- 376-0205

Games will be played at 10AM to Noon on Saturdays, beginning June 5th and ending July 31st.
Games are played at Avera Sports Institute

No refunds given after the games begin on June 5th.

Player Information

Last Name		First Name	
Address			
City, State, Zip			
Phone (Home)		Phone (Work)	
Email Address			
Sex (Circle One)	Male	Female	Date of Birth
Employer			
Shirt Size			

Please Complete Parent Information and Medical Information on the back of this form

**For more information, call 376-0205
after 4PM, Monday through Friday or
anytime on Saturday & Sunday.**

I agree that I (and my dependant) will abide by the rules of FIFA, the Sioux Falls Soccer Association, any other affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration of the Sioux Falls Soccer Association accepting me into its soccer programs and activities, I hereby release, discharge, and/or otherwise indemnify the Sioux Falls Soccer Association its affiliated organizations and sponsors, their employees and associated personnel, including owners of the fields and facilities utilized for the programs, against any claim by or on behalf of myself (or my dependant) as a result of my participation in the programs and/or being transported to or from the same.

In addition, I hereby give my consent for emergency medical care prescribed by a licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve my (or my dependant's) life or well being.

I hereby agree with the above statement I certify that everything on this application, including the information on the back, is correct, to the best of my knowledge.

X _____ Signature of Adult Player or Legal Guardian

Parent Information

Father's Information	Mother's Information
Last Name _____	Last Name _____
First Name _____	First Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Employer _____	Employer _____
Email _____	Email _____

Describe any medical problem or prohibition this player has:

Person to notify in emergency _____ Phone _____

Doctor to notify in emergency _____ Phone _____

Other information (circle all that apply)

Hearing impaired

Non-verbal

Requires walker/leg braces

Visually Impaired

Sign Language

Requires wheelchair

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**401 W. 39th Street
Sioux Falls, SD 57105
605-332-5911**