



## McCracken County TOPSoccer Registration

### Athlete's Information *(Please Print)*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ DOB: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Grade \_\_\_\_\_ School: \_\_\_\_\_

Last 4 digits of player's Social Security Number: \_\_\_\_\_

Does player have siblings playing this season? Y N Sibling's Name \_\_\_\_\_

Age: \_\_\_\_\_

**T-Shirt Size: YS YM YL AS AM AL AXL**

### Parent/Guardian Information:

Father's Name \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell # \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell # \_\_\_\_\_ Email: \_\_\_\_\_

We need active support and participation from all parents in our program. Please check area(s) in which you would be willing to help:

\_\_\_\_ Coach \_\_\_\_ Assistant Coach \_\_\_\_ Buddy \_\_\_\_ Other \_\_\_\_\_

Registration and Medical Information must be filled out to participate.

**Parents/Guardians must remain at the field at all times.** Please use the back of this form for comments or suggestions.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Return to: Amy Peal  
6525 US HWY 60W Suite 100 Paducah KY 42001 or  
apeal@goperformancefit.com

