



OMAHA FC

TOPSOCCER REGISTRATION FORM

Please send Registration Form, Medical Release Certification Form and Registration Fee to:

Omaha FC Soccer
c/o Pam Sweeney
14706 Giles RD
Omaha, NE 68138

****Please do not register online through Omaha FC Soccer****

****Registration Fee is \$30.00 Per Player, Checks payable to Omaha FC**

New to TOPSoccer (please circle one) YES NO

Player's Name _____ D.O.B _____ Gender F or M

Month & Date of Mother's Birthday (required) _____

E-mail _____

Address _____ City _____ State ____ Zip _____

Parent's Name (Legal Guardians) _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact Name _____ Emergency Phone _____

Insurance Company _____ Policy # _____

Health Information (please state disability) _____

List Aids Used (such as a wheelchair, hearing aid, glasses, ect. Please list any information that the coaching staff need to know about your child) _____

List Allergies: _____

Medications _____

Immunizations: Date of Last Shot

Tetanus _____ Polio _____ Hepatitis B _____