



**Dearborn Heights Soccer Club – 2015 TopSoccer Registration Form**

**Ages 4 – 15**

**Sundays September 13 through Oct 18 at 2:00 pm**

**Municipal Park**

**6044 Silvery Lane Dearborn Heights, MI 48127**

Snow Elementary Parents are coaching!!!!!!

It's our first year getting this off the ground please register your special needs child today! For more information call Donna Smith 313 400-3801

Please review the FAQ link on the Dearborn Heights Soccer Club Website: [www.DHsoccer.com](http://www.DHsoccer.com)

US Youth Soccer TOPSoccer (The Outreach Program for Soccer) is a community-based training and team placement program for young athletes with disabilities, organized by youth soccer association volunteers. The program is designed to bring the opportunity of learning and playing soccer to any boy or girl, who has a mental or physical disability. Our goal is to enable the thousands of young athletes with disabilities to become valued and successful members of the US Youth Soccer family.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Date (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: (Please print neatly): \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

<u>Registration Cost</u>	<u>Fall/Spring</u>	<u>Uniform Cost</u>
TopSoccer	\$35	Included

Comments or Medical Concerns: \_\_\_\_\_

**REFUND POLICY: A refund will be given ONLY if DHSC cannot place a player on a team.**

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

OFFICE USE ONLY			
Date Received: _____	Amount Received: _____	Cash: _____ (or Check #): _____	Other: _____
Age Group: _____	Gender: _____	Team Assigned: _____	Uniform Size: _____