



**7th ANNUAL CAL SOUTH/JUSA TOPSoccer FEST
PLAYER REGISTRATION**

Please Print

Name: _____ Age _____

Address: _____

City: _____ Zip: _____

Phone #: _____ Email: _____

Please provide the following information:

Contact person in case of emergency:

Name: _____ Phone #: _____

Is player a registered Cal South TOPSoccer Player? Yes _____ No _____

Does player use mobility aids? Yes: _____ No: _____

Is so, please list: _____

Does player have any food allergies? Yes: _____ No: _____

If so, please list _____

Will player need a buddy for this event? Yes: _____ No: _____

Does player have previous soccer experience? Yes _____ No _____

Player tee shirt size: _____

Player buddy you wish to have on your team _____

Parent and/or guardian must be present at event.