

**TOPSOCCER APPLICATION/REGISTRATION FORM**

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

**Tammy Mielke  
6208 S. 156 Ave  
Omaha, NE 68135  
(402) 895-6187**

**\*\*Please do not register online through Arsenal Soccer\*\***

**\*\*Registration Fee is \$30.00 Per Player, Checks payable to Arsenal Soccer  
New to TOPSoccer (please circle one) YES NO**

**Player's Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Gender F or M**

**Last 4 digits SS#(mandatory) \_\_\_\_\_ 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) \_\_\_\_\_**

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**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) \_\_\_\_\_**

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**List Allergies: \_\_\_\_\_**

**Medications \_\_\_\_\_**

**Immunizations: Date of Last Shot**

**Tetanus \_\_\_\_\_ Polio \_\_\_\_\_ Hepatitis B \_\_\_\_\_**