



TOPS Athletics 3v3 Soccer League Registration form

TEAM NAME: _____ Division: _____

Coaches Name: _____

Address _____ Zip _____ Phone Number _____

Email Address _____

Players Section:

1. First Name _____ Last Name _____ M/F Circle One
a. Date of Birth _____ T-Shirt Size _____
2. First Name _____ Last Name _____ M/F Circle One
Date of Birth _____ T-Shirt Size _____
3. First Name _____ Last Name _____ M/F Circle One
Date of Birth _____ T-Shirt Size _____
4. First Name _____ Last Name _____ M/F Circle One
Date of Birth _____ T-Shirt Size _____
5. First Name _____ Last Name _____ M/F Circle One
Date of Birth _____ T-Shirt Size _____
6. First Name _____ Last Name _____ M/F Circle One
Date of Birth _____ T-Shirt Size _____

We hereby agree that Tops Athletics Sports and Wellness, It's Members, Coaches, and Officers shall not be liable for any injury or loss that my child may sustain while participating in activities of any kind sponsored by or under the supervision of Tops Athletics Sports and Wellness and we agree to indemnify and hold harmless Tops Athletics Sports and Wellness, it's Members, Coaches, Officers, and designates of any claim whatsoever.

Signature _____

Date _____

Fees: \$275 – If received by May 15
\$300 - All other times

Please pay online or make checks payable to Tops Athletics

Questions call Ryan Gillespie 215-888-6236

Date received by TOPS Athletics _____