



Coast Soccer Club & the Dream Program

(www.coastsoccerclub.org) & (www.dreamprogram.net)



Registration- Special Needs/Top Soccer
When: Mondays 6:30-7:30pm April 15th - May 13th

Player's First Name:	Middle I:	Last Name:
Gender (circle one):	Male	Female
Birth Date (MM/DD/YY):		
Address:		
City:	State:	Zip:

Jersey Size (Circle one):	YXS	YS	YM	YL	AS	AM	AL	AXL	A2X
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Primary Contact Information for Updates from the League:	
Home Phone:()	
Cell Phone:()	
Email:	

Parent/Guardian's Name:
Home Phone:()
Cell Phone:()
Email:

Player Disabilities or athletic challenges:

Does the player need a wheelchair?:

Alternate Emergency Medical Contact:		
Name:_____	Relation:_____	Phone#'s_____
As the parent/legal guardian of this player, I hereby give my consent for emergency medical treatment by a medical professional to preserve life/limb or well being.		
Print Name_____	Signature:_____	Date_____

Photography & Advertising Agreement with CSC & the Dream Program		
I recognize that while participating in Top Soccer, my player may be photographed for league promotional activities. I authorize CSC and the Dream Program to take and utilize photographs of my player during organized activities for promotional use.		
Print Name_____	Signature:_____	Date_____

Late registration fee: Player registration is open through 23 April 2019, however, a late registration fee of \$10 may be assessed to all registrations after 15 April.

Please complete and email this form to: cscpresident@hotmail.com and bdungan@dreamprogram.net

If necessary, you can submit by mail to: DREAM Program, P.O. Box 2040, Gautier, MS 39553

Any question or concerns please call Billy Dungan at (228) 471-5054 or Ben Wilder (228) 282-9255