



TOPSoccer Player Profile

Player Name: _____ Nickname: _____

Birthdate: ____/____/____ Age: _____ Mental/Emotional Age: _____ Gender: Male Female

Parent(s) Name(s): (M) _____ (D) _____

Contact Phone Number: (____) _____ - _____ Email Address: _____

T-shirt size: YXS YS YM YL AS AM AL AXL A2XL A3XL

Mobility:

Please check below:

- Ambulatory
- Needs assistance
- Uses wheelchair
- Uses walker
- Uses braces
- Other: _____

For TFA Use Only – Intake Notes:

Communication:

Please check below:

- Verbal
- Non Verbal
- Sign Language
- Other: _____

For TFA Use Only – Intake Notes:

Positive Motivation:

Please check below:

- Verbal Praise

Please Describe:

For TFA Use Only - Intake Notes: _____

- Attention

For TFA Use Only - Intake Notes: _____

- Other:

For TFA Use Only - Intake Notes: _____



TOPSoccer Player Profile

Player Name: _____

Nickname: _____

Behavioral/Emotional Issues:

Please check below:

Please Describe:

Sensory Issues

For TFA Use Only - Intake Notes: _____

Emotional Issues

For TFA Use Only - Intake Notes: _____

*Violent Behaviors:

For TFA Use Only - Intake Notes: _____

*Sexual Behaviors:

For TFA Use Only - Intake Notes: _____

* Violent and Sexual Behaviors will require that Parent(s)/Caregiver(s) remain with the player at all times for the physical and emotional well-being of all participants, volunteers and spectators. This information has been communicated by TFA to Parent(s)/Caregiver(s) and is agreed up by the Parent(s)/Caregiver(s) as noted by signatures below:

Parent(s)/Caregiver(s) Signature

Parent(s)/Caregiver(s) Signature

TFA Representative Signature

Additional Notes:

Please provide any additional information you believe we will need to know in order to make this a positive experience for your son/daughter:

I hereby release Toledo Football Academy (TFA) and/or specialized staff involved in the 2016/2017 TOPSoccer events from any and all claims and liability of any kind of personal injury or property damage due to participation of this league. I certify that my child has been cleared by his/her physician to participate in all activities. I authorize that all information provided on this form is true and accurate. I acknowledge that I as the Parent/Caregiver must remain on the premises during all TOPSoccer events and in some cases may be required to remain with my son/daughter at all times. I give consent for my child to be photographed, videotaped or filmed while participating in TOPSoccer activities and for the resulting images to be used by Toledo Football Academy for promotional purposes. I understand that Toledo Football Academy will attempt to make up for any lost time due to exceptionally bad weather. However, if time cannot be made up, I understand that no refund will be provided. I have read and understand the above.

Parent(s)/Caregiver(s) Signature

Parent(s)/Caregiver(s) Signature