

## Player FORM INSTRUCTION & EXPLANATION SHEET

### TIPPCO REGISTRATION FORM

Please complete form and mail to PO Box 2034 West Lafayette IN 47996-2034

<b>U8 Academy</b>	<b>\$ 50.00</b>
<b>U-9 &amp; U-10</b>	<b>\$ 145.00</b>
<b>U-11 to U12</b>	<b>\$ 235.00</b>
<b>U-13 – U14</b>	<b>\$ 275.00</b>
<b>ISL Teams – add \$20.00 to the fee</b>	

**Make check payable to TSA-Competitive Program**

### TIPPCO UNIFORM ORDER FORM

Please complete form and mail with your registration – all players will receive game jersey, shorts and socks – new to the club players will also receive an alterative jersey.

**Make check payable to TSA-Competitive Program**

### Miscellaneous Instructions

PROVIDE YOUR COACH WITH:

1. Medical Release
2. Small picture for your player card

**TIPPCO SOCCER CLUB**  
**2010 Registration Form**  
**(Please print clearly)**

Players Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_  
 School: \_\_\_\_\_ Current Tippco uniform #: \_\_\_\_\_  
 Male: \_\_\_ Female: \_\_\_ Date of Birth: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
 Address and Phone (If different): \_\_\_\_\_  
 \_\_\_\_\_

**Team:** \_\_\_\_\_ **Coach:** \_\_\_\_\_

**Competitive Program Fee's**

<b>U6-8 Academy</b>	\$ 50.00
<b>U-9 &amp; U-10</b>	\$ 145.00
<b>U-11 to U12</b>	\$ 235.00
<b>U-13 – U14</b>	\$ 275.00
<b>ISL Teams – add \$20.00 to each fee</b>	

**Make payable to:    TSA – Competitive Program**

**PARTICIPATION WAIVER**

I hereby give my permission for \_\_\_\_\_ to participate as a member of the Tippco Soccer Club. In addition, I certify that \_\_\_\_\_ is in good physical condition as required by the United States Youth Soccer Association. I understand that neither Tippco nor the Tippecanoe Soccer Association (TSA) carries health or accident insurance. I agree NOT to hold the Tippecanoe Soccer Association, its Board, its coaches, nor referees responsible for the injuries occurring during or enroute to practices, games, or tournament play. Furthermore, I agree NOT to hold the Indiana Youth Soccer Association, the Central Indiana Youth Soccer League, G.I.R.L.S., or any of their agents responsible for any injuries received in conjunction with participation in the program. A competitive travel player is signing up with the club for a one year commitment. The club has the right to hold the player to this one year commitment upon the signing of a registration form or the payment of a fee or portion of the club fee.

Date: \_\_\_\_\_ Guardian Signature \_\_\_\_\_

**TIPPECANOE SOCCER ASSOCIATION, INC.**  
**Consent for Medical/Surgical Care/Emergency Treatment**  
**And Child's Medical Information**

I, the undersigned parent or legal guardian of \_\_\_\_\_  
undersigned parent or legal guardian of a minor, hereby give my consent for emergency  
medical care prescribed by a duly licensed Doctor of medicine and/or Doctor of  
Dentistry. This care may be given under whatever conditions are necessary to preserve  
the life, limb, or well being of the above named dependent.

Signature of Parent / Guardian: \_\_\_\_\_

Please Print Parent / Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**MEDICAL INFORMATION**

Child's Birth date: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Date of Last Tetanus Treatment: \_\_\_\_\_

Medicine(s) Child is currently taking: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_

Phone Number of Family Physician: \_\_\_\_\_

Other Information: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Policy #: \_\_\_\_\_

**Please complete and return to your Child's Coach**

**TIPPCO SOCCER CLUB UNIFORM ORDER FORM**  
(Please print clearly)

Player's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone . \_\_\_\_\_

Team Name : \_\_\_\_\_ U-10\_\_\_ U-11\_\_\_ U-12\_\_\_ U-13\_\_\_ U-14\_\_\_ U-15 \_\_\_

Coach: \_\_\_\_\_

Requested Uniform Number: \_\_\_\_\_

Club provides game jersey, game shorts, socks and alternate jersey for new players to the club.

<b>Indicate quantity &amp; circle correct size needed</b>	<b>Quantity</b>	<b>Total Price</b>
<b>ITEM #1. GAME JERSEY (\$18.00)</b> SIZES: YM YL AS AM AL AXL	_____	_____
<b>ITEM #2. ALTERNATE SHIRT (\$18.00)</b> SIZES: YM YL AS AM AL AXL	_____	_____
<b>ITEM #3. GAME SHORTS (Royal) (\$11.00)</b> SIZES: YM YL AS AM AL AXL	_____	_____
WHITE LONG-SLEEVED SHIRT (\$10.00) SIZES: YM YL AS AM AL AXL	_____	_____
WORLD CUP SOCKS \$5.00 / pair SIZES: Y A	_____	_____
<b>TOTAL DUE:</b>	_____	_____

**Make payable to: TSA – Competitive Program**

<u>SIZE CHART FOR JERSEYS (CHEST)</u>					
YM (30/32)	YL (32/34)	AS (34/36)	AM (38/40)	AL (42/44)	AXL (46)
<u>SIZE CHART FOR SHORTS (WAIST)</u>					
YM (30/32)	YL (32/34)	AS (34/36)	AM (38/40)	AL (42/44)	AXL (46)