

**ADDITIONAL PLAYER INFORMATION**  
**TOPSoccer Stars 2009-2010**

First \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Shirt Size: YS YM YL AS AM AL AXL A2XL

Short Size: YS YM YL AS AM AL AXL

Sock Size: S M L

**PLAYER PROFILE**

**Independence:**

My player would like to have a volunteer “buddy” assigned to him/her YES NO

My player will be “buddied” by \_\_\_\_\_

Relationship \_\_\_\_\_

*Optional Information – Please complete the following with as much or as little information as you would like. We will use this to help us as we work with your player.*

**Strengths:**

What are your player’s areas of strength as it pertains to athletics?

\_\_\_\_\_

In what areas would you like to see improvement?

\_\_\_\_\_

Does your player need to use a wheelchair or walker? Wheelchair Walker Neither

Briefly describe your player’s physical and medical condition:

\_\_\_\_\_

What are some motivational techniques that would help your player?

\_\_\_\_\_

\_\_\_\_\_  
Name of Parent/Guardian (Please Print)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date