

# Tennessee Soccer Olympic Development Program

2500 Executive Park Drive - Cleveland, TN 37312

Phone: (800) 367-8772 Fax (423) 476-9993

www.tnsoccer.org - coach@tnsoccer.org

## Participant Registration Form

Male  Female

District Site: East  Middle  Central  West

Birthyear: 89  90  91  92  93

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ SS#: \_\_\_\_\_

Team Name: \_\_\_\_\_

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

High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Date received: \_\_\_\_\_ Fees: \_\_\_\_\_ Check #: \_\_\_\_\_

Medical release: YES  NO

**Complete and return this form with registration fee **[\$25]** and notarized medical release form.**