

# TOPSOCCER REGISTRATION SPRING 2018 SEASON

## PLAYER INFORMATION:

T-shirt size: \_\_\_\_\_ (please include youth or adult)

Player's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Circle: Male/Female

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

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

Wheelchair: \_\_\_\_\_ Walker: \_\_\_\_\_ Other: \_\_\_\_\_

Are there any limitations or behavior concerns that the coach should be aware of?

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## PARENT/GUARDIAN INFORMATION:

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

## GROUP HOME INFORMATION (if applicable):

Agency Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Agency Phone #: \_\_\_\_\_ Supervisor Phone#: \_\_\_\_\_

\*Group home staff MUST REMAIN AT THE FIELDS and assist players if needed.

## PHOTO RELEASE:

I hereby give my permission to the TOPSoccer program, to use any portrait, picture, photograph, and/or video of my child, myself or my family, for the sake of publicity for the TOPSoccer program.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# Medical Release

**\* PARENTS/GUARDIANS MUST REMAIN AT THE FIELD\***

**Player Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Date of last Tetanus Booster:** \_\_\_\_\_

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (EMT, First Response, E.R).

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of an Emergency contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please list any allergies/medical problems/medications:

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I am the parent/guardian of \_\_\_\_\_, on whose behalf I have submitted the attached application for participation in TOPSoccer. I hereby represent that he/she has my permission to participate in TOPSoccer. I further represent and warrant that to the best of my knowledge and belief, he/she is physically and mentally able to participate in TOPSoccer. I also understand that my child is participating in TopSoccer at his/her own risk. I do not hold Burlington Soccer Club (BSC) or Burlington Parks and Recreation or any of its coaches or buddies liable of any injury that may occur. I give the City of Burlington my permission to take my child's picture for the marketing purposes of the TOPSoccer program.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_