



SOUTH END SOCCER 2016 TOPSOCCER REGISTRATION



Instructions - Please print, complete & sign all pages, scan and return via email; southendsoccer@gmail.com

Player Information:

Player's Name: _____ Phone # _____

Birth date: _____ Age: _____ Player Gender: Male/Female

Address _____

City _____ Zip _____

Player School: _____ Grade: _____

Wheelchair _____ Walker _____ Other _____

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

Parent/Guardian Information:

Mother's Name _____ Father's Name _____

Mother's Cell: _____ Father's Cell: _____

E-mail address _____

Photo Release:

I here by 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: _____



Medical Release



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

Player Name: _____ Date of Birth _____

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.

I am the parent/guarding 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 South End Soccer, Massachusetts Youth Soccer or any affiliated organizations liable of any injury that may occur.

Parent Signature: _____ Date: _____