

TOP SOCCER

Vermont Soccer Association

Total Outreach Program
2009

Player Name _____ Date of Birth _____

Address _____

Parent/Guardian name _____

Address (if different from child) _____

Home phone: _____ Work Phone: _____ Cell Phone: _____

*Email: _____ **Please print very clearly.**

Parent/Guardian name _____

Address (if different from child) _____

Home phone: _____ Work Phone: _____ Cell Phone: _____

*Email: _____ **Please print very clearly.**

******** Email addresses are required in order for us to communicate last minute information to you. Please check your email after 12:00 noon on Saturdays for updates. In the event that you do not have an email address please make sure that we have an accurate phone number to contact you.***

Has your child participated in TOP soccer in the past? YES NO

If yes do you know the name of their most frequent buddy?

What size T-shirt does your child wear? Circle One YS, YM, YL, AS, AM, AL, AXL

Please help us to know your child:

What do Top Soccer volunteers need to know about your child's health and behavioral strengths and challenges, in order to make this the best soccer experience possible? Is there anything else you would like us to know about your child? (Use back of form if necessary)

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Important reminders:

- Each player will receive a T-shirt at the first session.
- You are welcome and encouraged to stay and watch the Top Soccer activities; you may want to bring a lawn chair as there are no bleachers or pavilions.
- The Tree Farm has no bathroom facilities, only port-o-lets.
- It can be very warm on a fall afternoon; please bring water for your child, and a snack if you wish.
- If your child might need medicine (for example, for insect sting allergy) please be sure to bring it with you.
- *We will communicate all vital information to you through email so please be certain to clearly print your email address on this registration form. Check your email before you leave home for weather related updates or other pertinent information.*

Will you be staying at Top Soccer sessions, to watch your child’s activities from the sidelines? If you might not, please provide us emergency contact and health insurance information:

Emergency Contact Information, in lieu of parents:

Name _____ Address _____

Home phone: _____ Work Phone: _____ Cell Phone: _____

Name _____ Address _____

Home phone: _____ Work Phone: _____ Cell Phone: _____

Child’s Primary Physician Name: _____ Phone: _____

Player Health Insurance Information:

Primary Carrier: _____ Group # _____ Policy # _____

Policy Subscriber _____ Insurance phone _____

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INFORMED CONSENT:

Top Soccer informs parents and players that soccer is considered by the American Academy of Pediatrics to be a contact/collision sport, like football or basketball. The Vermont Soccer Association, the state sponsor of Top Soccer, requires the following permissions and agreements:

“Recognizing the possibility of physical injury associated with soccer and in consideration for United States Youth Soccer (USYS)/United States Soccer Federation (USSF) and its affiliates (including Vermont Soccer Association) accepting the registrant for the Top Soccer program, I hereby release, discharge and/or otherwise indemnify USYS/USSF, its affiliate organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the program, against any claim by or on behalf of the registrant’s participation in the program. My child has received a physical examination by a physician and has been found physically capable of participating in the program.

Therefore, I grant _____ and/or _____ permission to act as my surrogate for my child, (name) _____, to obtain emergency medical treatment for my child, if I am not present to do so myself. I also assume the financial responsibility for any such medical treatment for my child.

Signature of Parent/Guardian: _____ Date: _____”

PRESS RELEASE/PHOTOGRAPHY DISCLAIMER

During the program, some publicity photographs may be taken of players and may be used in articles in the newspaper, on the Vermont Soccer Association website or brochures to promote the program. Please indicate your preference and sign below.

___My child MAY be photographed for publicity purposes

___My child may NOT be photographed for publicity purposes.

Child’s name _____

Signature of Parent/Guardian: _____ Date: _____”