



1. Medical Condition of which the coaching staff should be aware:
  
2. Behavioral information that may help the coaching staff.
  
3. General athletic ability when compared to non-disabled players of the same age.
  
4. Why is the player being enrolled in TOPSoccer?
  
5. Other information you would like us to know about your child.

**MEDICATIONS**

Medication Name	Amount	Time Taken	Other Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Allergies to Medication: \_\_\_\_\_

**IMMUNIZATIONS**

Tetanus: Yes / No      Date of last tetanus shot: \_\_\_\_\_      Polio: Yes / No

**DOCTOR**

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

By signing below I give permission for my child to participate in TOPSoccer:

**Signature of Person Completing Registration Information**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registration Fee: \$10.00

Greater Nebraska TOPSoccer, c/o Roberta Loescher, 1402 9th Avenue, Keamey, NE 68845

## AGREEMENT TO PARTICIPATE IN TOPSOCCER

I \_\_\_\_\_ wish to participate in youth soccer, and more particularly the TOPSoccer program. In connection with my participation, I acknowledge the risk of possible physical harm to me as a result of my participation is increased because of (Name of disability) \_\_\_\_\_ which I sustained in the past, and for which I have received medical attention. While there is no immediate danger to me, I am told that due to my disability, strenuous collision type activities such as soccer, could render me more susceptible to future problems than might normally expected.

I have considered participation in activities other than soccer and reviewed those considerations with my parents and physicians. I have discussed this situation with my parents and we understand the potential danger of participating in soccer.

Notwithstanding that my participation in the youth soccer constitutes more risk to me than it does to other Athletes, I nevertheless wish to participate in youth soccer. In making this decision, I am aware of the value of participating in youth sports programs in my life and choose to continue my participation in order to take advantage of those values. In weighing the risk of potential injury to myself both now and in the future, I wish to exonerate and save harmless TOPSoccer, their agents, servants, and employees, from liability as a result of an injury or death relating to (Name of disability) \_\_\_\_\_ and not to any injury that may occur in the future which is unrelated to my previous disability, I execute this agreement freely, fully intending to be bound by same.

Participant

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

## PHOTOGRAPHIC RELEASE

With this release I hereby give my permission for use of photographs taken by the Greater Nebraska TOPSoccer organization, in advertising or promotion.

It is my understanding that these photographs will be used in accordance with the highest standards of good taste and advertising ethics, and in consideration of this, I do hereby relinquish ownership and assume full responsibility for any and all repercussions resulting from the publication of this photograph.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_