

SISL TOPSOCCER REGISTRATION FORM

ATHLETE INFORMATION

Players Name: _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip _____

Date of Birth: _____ Age: _____ Sex (M/F) _____ Height _____ Weight _____

Home Phone: _____ Cell Phone: _____

Email: _____

Does your child have a name he/she prefers to be called by? _____

Are you new to the TOPSoccer Program? YES _____ NO _____

Jersey size (circle) YOUTH: **YS(6/8)** **YM(10/12)** **YL(14/16)** ADULT: S M L XL XXL

Favorite Number for Jersey _____

EMERGENCY INFORMATION

Mother's Name _____ Work _____ Cell _____

Father's Name _____ Work _____ Cell _____

Emergency contact _____ Work _____ Cell _____

Primary Physician _____ Phone _____

GROUP HOME INFORMATION (If applicable)

Agency Name _____ Agency Phone _____

Supervisor Name _____ Supervisor Phone _____

Group Home Staff MUST REMAIN AT THE FIELDS and assist players if needed

HEALTH HISTORY

Nature of Disability: _____

Special equipment used (wheelchair, walker) _____

Please list any medical issues we need to be aware of (allergies, asthma, seizures, etc...)

Please list any behavioral information that may help the coaching staff and buddies:

What does your child find soothing? _____

Is your child prone to "meltdowns"? _____

What types of situations cause your child stress?

Can you share successful management tools? (Both Praise and disciplinary actions)

Does your child have any Fears we should know about? _____

Can your child verbalize or signal that they need to use the bathroom? _____

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

Please give us any suggestions to help our coaches and volunteers make this a successful experience for your child:

MEDICAL & IMAGE RELEASE

I am the parent/legal guardian of _____ and on whose behalf I have submitted the attached Athletes' Application/Agreement to participate in the Chicago TOPSoccer Program.

I hereby declare and warrant that to the best of my knowledge and belief that he/she is both physically and mentally able to participate in TOPSoccer. With my approval, a licensed physician has certified that, based on an independent medical examination, there is no medical evidence that would preclude his/her participation in TOPSoccer. I also understand that if he/she has been diagnosed to have Down Syndrome, a radiological examination for the purpose of determining the presence or absence of atlantoaxial instability is required for his/her participation in TOPSoccer.

I further understand that my presence or the presence of my spouse or other legal guardian is required at all Chicago TOPSoccer Program events, including but not limited to practices, games, festivals, etc. in which he/she participates. I clearly understand the reason for the required presence or a parent or guardian for TOPSoccer activities is based in part on issues surrounding emergency care should it be needed.

In permitting my son/daughter to participate in the Chicago TOPSoccer Program, I specifically grant my permission for TOPSoccer to use his/her likeness, name, voice, and/or words in television, radio, film, newspaper, magazine and/or other media for the purpose of informational outreach for TOPSoccer and/or seeking funds and other types of support for TOPSoccer.

As the parent/legal guardian of _____. I have read and understand fully each of the above provisions. Through my signature on this consent form, I acknowledge and agree with each of the above provisions on my own behalf and that of my participating child. I also recognize the potential risk(s) that are involved with my child's participation in TOPSoccer and agree to hold harmless the Chicago TOPSoccer coaches, volunteers and others involved in administering this program should harm relating to his/her disability(ies) occur to my child when he/she is participating in TOPSoccer.

I hereby declare that _____ has my permission to participate in TOPSoccer.

Signature of Parent or Guardian _____ Date _____

I have received the Chicago TOPSoccer Parent Manual (Please initial) _____