



## TOPSoccer Participant Registration Form

Revised: (12-26-19)

### About TOPSoccer:

TOPSoccer is specifically designed for players with physical or developmental disabilities that may require extra assistance

The program will provide players with an extra fun soccer experience in a camp format. Adult supervision will be provided, along with various teams and organizations to teach, assist, and play with TOPSoccer participants during drills, contests, and games.

Practices and games are conducted on Monday evenings, from 6:30-7:30pm, at Patriot Park located at 4511 E. 56th St., Kearney, NE 68847

ATHLETE INFORMATION							
Player's Name:							
Parent/Guardian:							
Address:							
City/State/Zip:							
Phone #:				Alternate Phone #:			
Date of Birth:				Mother's Date of Birth:			
Email Address:							
Age:		Sex:		Height:		Weight:	
SHIRT SIZE							
4 (XS)		6-8(S)		10-12 (M)		14-16(L)	
Child				Adult			
S		M		L		XL	
EMERGENCY INFORMATION							
Person to Contact in Case of Emergency:							
Cell #:				Home #:			
PLAYER HEALTH INFORMATION							
Down Syndrome? Yes/No							
Atlantoaxial Instability Evaluation by X-Ray? Yes (positive) No (negative)							
HISTORY:							
Diabetes		Yes/No		Bleeding problem		Yes/No	
Heart problems/Blood pressure elevation		Yes/No		Fainting spells		Yes/No	
Seizures		Yes/No		Bone or joint problems		Yes/No	
Hearing aid/Hearing problem		Yes/No		Dentures/False teeth		Yes/No	
Motor impairment requiring special equip		Yes/No		Special diet needs		Yes/No	
Head injury/History of concussion		Yes/No		Recent contagious disease or hepatitis		Yes/No	
Heat illness or cold injury		Yes/No					
Kidney problems or loss of function in one		Yes/No					
Vision problems		Yes/No					
Contact lenses/glasses		Yes/No					
Emotional problems		Yes/No					

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 Medications:			
IMMUNIZATIONS			
Tetanus:	Yes/No	Date of last tetanus shot:	
Polio:	Yes/No		
DOCTOR			
Name:		Phone #:	

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

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**Parent/Guardian Signature**

Date \_\_\_\_\_

**Send completed form by:**

**Mail to:**

6712 M Avenue  
Kearney, NE 68847  
[www.kearneysoccer.org](http://www.kearneysoccer.org)

**Checks payable to:**

## Kearney Soccer Club

## **AGREEMENT TO PARTICIPATE IN TOPSOCCER**

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

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

Notwithstanding that my participation in youth soccer constitutes more risk to him/her than it does to other athletes; I nevertheless wish for my child to participate in youth soccer. In making this decision, I am aware of the value of participating in youth sports programs in his/her life and choose to continue his/her participation in order to take advantage of those values. In weighing the risk of potential injury to my child 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.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian (Print Name)

\_\_\_\_\_  
Date

## **TOPSOCCER PHOTOGRAPHIC RELEASE**

With this release, I hereby give my permission for the 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 of 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.

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Parent/Guardian Signature

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Parent/Guardian (Print Name)

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Date