



**Sparta Soccer Club
TOPSOCCER Program
Fall 2019**



Buddy / Volunteer Application
SECTION A-Buddy Information

Buddy/ Volunteer Name: _____ Date of Birth: _____
Last Name First Name (if under 18) Month Day Year

Today's Date Age: ____ Sex: M or F School Grade ____

Address: _____ City: _____ Zip: _____

PHONE: Home: _____ Cell: _____ Emergency: _____

E-Mail: _____

T-shirt size (circle one): A S AM AXL (if you don't already have one)

Would you like to receive a "Community Service Letter"? yes or no

I understand that I must attend the TOPSOCCER Volunteer Training course (date TBD- see flyer for details) unless already certified (please provide a copy of your certification) Yes

SECTION B-Waiver and Release

In consideration of my child being allowed to participate in any Sparta Soccer Club programs, related events & activities, I the undersigned, on behalf of my spouse and our child/ward:

1. Acknowledge and fully understand that each participant will be engaging in activities that may involve serious injury, including permanent disability and death, and severe social and economic loses which might result not only from their own actions, inaction, or negligence, but the actions, inaction, or negligence of others, in the rules of play, or the condition of the premises or any equipment used. Further, there may be risks not known to us or not reasonably foreseeable at this time.
2. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.
3. Release, waive, discharge and covenant not to sue Sparta Soccer Club or Sparta Township, its administrators, officers, directors, agents, managers, coaches and other volunteers and employees, other participants, sponsoring agencies, sponsors, advertisers, and owners and lessors of premises used to conduct the event, from any liability arising out of that participation and will hold all of the harmless and indemnify them all from any claims by or on behalf of the above player arising out of the participation of that player.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING AND SIGN IT VOLUNTARILY

SIGNATURE: _____ DATE _____

If Volunteer / Buddy is under the age of 18 then signature of parent or Guardian is also required

PARENT or GUARDIAN name: _____ (please print)

SIGNATURE: _____ DATE _____

**Please complete and either email form to:
Shauna Stanley at sls@gatestreamer.com
Or print and mail to:**

**SSC TOPSOCCER Program
c/o Shauna Stanley
37 South Shore Trail
Sparta, NJ 07871**

Visit our website: www.spartasoccer.com for information or copies of this registration form.