



**Sparta Soccer Club
TOPSOCCER Program
Player Registration
Fall 2019**



SECTION A-Player Information

Players Name: _____ Date of Birth: _____

Today's Date _____ Age: _____ Gender: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Emergency Phone: _____

E-Mail: _____

T-shirt size select one" YS YM YL YXL AS AM AL AXL

Medical Information: Does your child have any medical/surgical problems that a coach or manager should know about? No Yes (If yes, please describe)

Please tell us about your child's special needs, to help us in instruction and coaching:

PARENT / GUARDIAN MUST REMAIN AT THE FIELD

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 losses 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

PARENT or GUARDIAN: _____(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.