

# CHICAGO 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
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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) \_\_\_\_\_



## Emergency Medical Release & Liability Waiver

Participant's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

### EMERGENCY INFORMATION

Father's Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell/Bus Phone (\_\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell/Bus Phone (\_\_\_\_\_) \_\_\_\_\_

***In an emergency when parent/guardian cannot be reached or is not applicable, please contact the following:***

Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell/Bus Phone (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell/Bus Phone (\_\_\_\_\_) \_\_\_\_\_

Allergies \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Physician \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Bus Phone (\_\_\_\_\_) \_\_\_\_\_

Medical/Hospital Insurance Company \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Policy Number \_\_\_\_\_

**THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT (PLAYER/COACH/REFEREE) CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.**

I the undersigned participant and parent/guardian of the above listed minor (if participant is under the age of 18) acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Illinois Youth Soccer Association, its directors, officers, employees, coaches, managers, agents, sponsors and associated personnel including those of its affiliated organizations, and the owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasees from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasees because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasees. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alternation without the express written consent from the Illinois Youth Soccer Association will cause the participant to be removed from the Program. (revised 7/14/06)

Parents/Guardians Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(Parents/Guardians' Signature is required if participant is under the age of 18)*

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(Participant's Signature is required)*

**NOTE: ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT.**