

US Youth Soccer Membership Form/TOPSoccer Registration

Player Name _____ Address+Zip _____

Birthdate _____ Telephone Number _____ Male Female

School _____ Grade _____

Father's Name _____ cell # _____ wk # _____

Mother's Name _____ cell# _____ wk# _____

Family email address _____

Person + phone number to notify in an emergency _____

Doctor + phone to notify in an emergency _____

T-shirt size: YM YL AS AM AL AXL AXXL

I would like to volunteer to help with TOPSoccer YES Can't right now

Health Information, please indicate all that apply by checking:

- | | | |
|---|---|--|
| <input type="checkbox"/> Mobility Impairment | <input type="checkbox"/> Down's Syndrome | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Atlanto-Axial Syndrome | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Allergies, list: |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Learning Disabilities |
| <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Emotional Problems |
| <input type="checkbox"/> Non-verbal, signs | <input type="checkbox"/> Asthma | <input type="checkbox"/> Low Blood Pressure |
| <input type="checkbox"/> None Applicable | <input type="checkbox"/> Other, please explain: | |

Additional Comments regarding athlete:

Media Release:

I hereby grant to The TOPSoccer program and any of its agents, the right and permission, in respect of the photographs and video which TOPSoccer or its agents have taken of me or my children, or in which I/we may be included with others, to copyright the same in its own name or otherwise; to use, reuse, publish and re-publish in the same in whole or in part, in conjunction with any printed matter in any and all media now or hereafter known, and for any purpose whatsoever, for illustration, promotion, art, advertising and trade, or any other purpose; and to use my name, my children's names, and any statement made by me or my children, in connection therewith if TOPSoccer so chooses. I have read the foregoing and fully understand the contents hereof.

Yes _____ No _____ Parent or Guardian Signature _____

Medical Release Form:

As a parent or legal guardian I hereby recognize the possibility of physical injury associated with soccer and in consideration for US Youth Soccer and its affiliates accepting the registrant for its soccer programs ("the Programs") and activities, I hereby release, discharge and/or otherwise indemnify US Youth, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the Programs. Therefore, I grant permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child.

Dated Signature of Parent or Guardian:

_____ Date _____

Mail Checks made out to ESC for \$25.00 and Registration Form to:

Lisa Schritter-Miley 516 Still Hollow Road Edmond, Oklahoma 73034