

CHICAGO TOPSOCCER REGISTRATION FORM

ATHLETE INFORMATION

Players Name: _____

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Best Email address: _____

Does your child have a name they prefer to be called by? _____

Are you new to TOPSoccer? YES _____ NO _____

Jersey size (circle one) YOUTH: YM YL ADULT: S M L XL XXL

Favorite Number for Jersey _____

EMERGENCY INFORMATION

Primary Adult Name _____ Cell _____

Secondary Adult Name _____ Cell _____

Emergency contact _____ Cell _____

Primary Physician _____ Phone _____

HEALTH HISTORY

Nature of Disability: _____

Adaptive equipment used (wheelchair, walker) _____

Please list any medical issues we need to be aware of (allergies, asthma, seizures, etc...)

Please list any behavioral triggers that may help the coaching staff and buddies recognize potential meltdowns or irritability:

Does your child have any Fears we should know about? _____

Please give us any strategies to help our coaches and volunteers make this a successful experience for your child:

If the athlete needs any medication to be on site, please list below:

Medication Name	Amount	Time Taken	Other Information
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_____	_____	_____	_____
_____	_____	_____	_____

IT IS UNDERSTOOD THAT A PARENT OR GUARDIAN WILL BE ONSITE AT ALL TIMES DURING TOPSOCCER EVENTS

Initial here _____

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 they have been diagnosed to have Down Syndrome, a radiological examination for the purpose of determining the presence or absence of atlantoaxial instability is recommended for their 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 of a parent or guardian for TOPSoccer activities is based in part on issues surrounding emergency care should it be needed.

In permitting the athlete to participate in the Chicago TOPSoccer Program, I specifically grant my permission for TOPSoccer to use their 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 _____



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 (____) _____

Email Address(es) _____

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 (____) _____

Email Address(es) _____

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 5/15/14)

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.



**COMMUNICABLE DISEASE
RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT**

5/18/20

Participant's Name _____ Birthdate _____

Street Address _____ City _____ Zip _____

Parent/Guardian's Name _____ Emergency Phone (____) _____

Parent/Guardian's Name _____ Emergency Phone (____) _____

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

I am aware there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE ILLINOIS YOUTH SOCCER ASSOCIATION, its MEMBER LEAGUES AND CLUBS**, its directors, officers, officials, agents and/or employees, associated personnel, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any **ILLNESS, INJURY, DISABILITY OR DEATH** I may suffer, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____
Signature of Participant aged 18 or older _____ Age _____ Date _____

FOR PARENTS/GUARDIANS OF PARTICIPANT UNDER AGE 18 (MINOR) AT TIME OF REGISTRATION

This is to certify that I, as parent/guardian with legal responsibility for this Participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

X _____
Signature of Parent/Guardian for Participant under age 18 _____ Date _____

X _____
Signature of Parent/Guardian for Participant under age 18 _____ Date _____