

# **Elkhorn Soccer Club TOPSoccer Registration Information**

## **TOPSoccer—The Outreach Program for Soccer**

**Below information was pulled from the US Youth Soccer website:**

*US Youth Soccer TOPSoccer (The Outreach Program for Soccer) is a community-based training and team placement program for young athletes with disabilities, organized by youth soccer association volunteers. The program is designed to bring the opportunity of learning and playing soccer to any boy or girl, who has a mental or physical disability.*

*Why do we need a TOPSoccer Program?*

*TOPSoccer was formed to perpetuate the US Youth Soccer mission statement which is, in part, "to foster the physical, mental and emotional growth and development of America's youth through the sport of soccer at all levels of age and competition." There are thousands of children with disabilities who need, and can be provided with, the opportunity to play soccer through the TOPSoccer program.*

### **Elkhorn Soccer Club TOPSoccer**

**Time:** Sunday, 1:00-2:00

**When:** October 2 – November 20

**Where:** Common Ground, 1701 Veterans Dr, Elkhorn, NE 68022

**Season Fee:** \$35.00

**Jersey Fee:** \$10.00 (Jerseys can be used for more than one session.)

TOPSoccer requires that a parent stays at the field with their child.

To register please complete the TOPSoccer registration form (2 pages) and parental release form. Please mail all forms and payment for the season and jersey to:

ESC TOPSoccer  
PO BOX 556  
ELKHORN NE 68022.

Make all checks payable to Elkhorn Soccer Club.

# Elkhorn Soccer Club TOPSoccer Registration Form

Player's Name \_\_\_\_\_

Player's School \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Player's Birth Date Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

\*Female Guardian's Date of Birth Month \_\_\_\_\_ Day \_\_\_\_\_ (Required)\*

\*Birth date is required by the Nebraska State Soccer Association. Mother's DOB will now be used in place of a player's SS# that was used prior to the Fall of 2009.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_

All correspondence will be made via email. Please include the email address you use most frequently.

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

PARENT OR GUARDIAN AUTHORIZATION AND WAIVER OF LIABILITY – To induce the Elkhorn Soccer Club to accept registration and permit participation in the ESC by the above named individual, I, the parent or guardian of said individual, hereby give my consent and agree to release, indemnify, and hold blameless ESC and its officials, coaches, assistant coaches, or parent of team member acting in the capacity of activity supervisor/vehicle drivers from any claim arising out of injury to the above named individual.

STATE OF NEBRASKA LIABILITY WAIVER – Coaches, managers, referees, their assistants, or anyone who prepares any playing field shall NOT be liable for injury or death of any participant in the Elkhorn Soccer Club activities which result from the negligence of any of the above named individuals.

PARENT OR GUARDIAN DISCLAIMER – We/I the parents of (print name) \_\_\_\_\_ hold harmless ESC, its officials, coaches, and representatives from any claim arising out of injuries or conditions caused or aggravated by our/my refusal to obtain available medical treatment based on religious or philosophical beliefs.

We/I agree that the name and picture(s) of said minor may be used in print and video releases to news media of club related items.

LEGAL AUTHORIZATION AND CONSENT FOR ALL ABOVE ITEMS:

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

# Elkhorn Soccer Club TOPSoccer Registration Form (con't)

Player's Name \_\_\_\_\_

Jersey Size (circle one) Youth Small -- Youth Medium – Youth Large – Adult Small

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**Health Information/Diagnosis (Circle all that apply):**

Down Syndrome, Atlanto-axial Instability, Diabetes, Heart Problems, Seizure Disorder, Visually Impaired, Hearing Impaired, Fainting Spells, Non-Verbal signs, Hepatitis, Bleeding Problems, Mobility Impairment, Asthma, Emotional Problems, Learning Disabilities, Allergies, High Blood Pressure, Low Blood Pressure, Other \_\_\_\_\_ .

**Others:** (Please list any information that the coaching staff needs to know about your child, attach another sheet to this form if you need room.)

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**List Aids Used:** (such as wheelchair, hearing aid, glasses, etc. Please list any information that the coaching staff needs to know about your child, attach another sheet to this form if more room is needed.) \_\_\_\_\_

**List Allergies:** \_\_\_\_\_

**Medications:** Name, dosage, time given, side effects.

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**Date of last immunizations:**

Tetanus: \_\_\_\_\_ Polio: \_\_\_\_\_ Hepatitis B: \_\_\_\_\_

**Emergency Authorization:**

I, the undersigned, parent of the participant, a minor, do hereby authorize the coaches, assistant coaches, or parents of team members acting in the capacity of activity supervisor/vehicle drivers, as agents for the undersigned to consent to medical, surgical, or dental examination or treatment in the case of emergency. I hereby authorize emergency treatment and/or care of:

(Please print name of player) \_\_\_\_\_ at ANY hospital.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

# **Elkhorn Soccer Club TOPSoccer (con't)**

## **TOPSoccer Parental Release**

**I am the parent/guardian of \_\_\_\_\_, on whose behalf I have submitted the attached application for participation in the Elkhorn Soccer Club TOPSoccer program. I hereby represent that he/she has my permission to participate in the Elkhorn Soccer Club TOPSoccer program. I further represent and warrant that to the best of my knowledge and belief, he/she is physically and mentally able to participate in the Elkhorn Soccer Club TOPSoccer program. With my approval, a license physician has certified based on an independent medical examination that there is no medical evidence which would preclude his/her participation. I understand that if he/she has Down Syndrome, a full radiological examination to establish the absence of Atlanto-Axial Instability is needed.**

**In permitting him/her to participate, I am specifically granting my permission (both during the season and anytime after) for the Elkhorn Soccer Club to use his/her likeness, name, voice and words in television, radio, film, newspapers, magazines and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of Elkhorn Soccer Club TOPSoccer and/or fund to support this program.**

**If a medical emergency should arise during his/her participation in Elkhorn Soccer Club TOPSoccer, at a time when I am not personally present so as to be consulted regarding his/her care, I hereby authorize Elkhorn Soccer Club TOPSoccer, on my behalf, to take whatever measures are necessary to ensure that he/she is provided with any emergency medical treatment including hospitalization, which Elkhorn Soccer Club TOPSoccer deems advisable in order to protect his/her health and well being.**

**I am the parent/guardian of \_\_\_\_\_. I have read and fully understand the provisions of the above release. Through my signature on this release form, I am agreeing to the above provision on my own behalf and that of my child. I also realize the potential risk involved with my child's participation in this program. I therefore will not hold the Elkhorn Soccer Club TOPSoccer program, its coaches, volunteers, or other agents responsible for harm that comes to my child while he/she is participating in the program.**

**I hereby give permission for him/her to participate in the Elkhorn Soccer Club TOPSoccer program.**

**Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_**