



# TOPSoccer Player Registration

## Mississippi Coast Special Needs Soccer Association

### Athlete Information:

Date: \_\_\_\_\_

Jersey Size (Please circle one)	XXS	YXS	YS	YM	YL	AS	AM	AL
	AXL		AXXL	A3X		A4X		

Short Size (Please circle one)	XXS	YXS	YS	YM	YL	AS	AM	AL
	AXL		AXXL	A3X		A4X		

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

Mother: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Can you receive texts? Yes / No

Father: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ Can you receive texts? Yes / No

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

Player's Home Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Sex (circle one): M / F

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Birth Certificate Number: [State: \_\_\_\_\_] # \_\_\_\_\_

School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

How did you hear about our program? School Flyer / Radio / TV / Newspaper / word of mouth

In case of EMERGENCY: *if neither parent listed above can be reached*, please contact:

\_\_\_\_\_

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

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



**MEDICATIONS:** \_\_\_\_\_

**FOOD or DRUG ALLERGIES:** \_\_\_\_\_

Are the player's **Immunizations** Current?    Yes / No

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

By signing below I give permission for my child to participate in TOP Soccer:

**Signature of Person Completing Registration Information**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registration Fee: \$20.00      Late Registration Fee: \$40.00

Mississippi Coast Special Needs Soccer Association  
13136 Lorraine Road  
Biloxi, MS 39532

**PHOTOGRAPHIC RELEASE**

With this release I hereby give my permission for use of photographs taken by the Mississippi Coast Special Needs Soccer Association, in advertising or promotion.

It is my understanding that these photographs will be used in accordance with the highest standards of good taste and advertising ethics, and in consideration of this, I do hereby relinquish ownership and assume full responsibility for any and all repercussions resulting from the publication of any photograph's.

Print Player's Name: \_\_\_\_\_

Signature (of Parent if player is under 18 years of age):

Date:

\_\_\_\_\_

**PARENTAL CONSENT FORM**  
**RELEASE TO BE COMPLETED BY PARENT OR GUARDIAN**

I am the parent/guardian of \_\_\_\_\_, on whose behalf I have submitted the attached application for participation in **Mississippi Coast Special Needs Soccer Association**. I hereby represent that he/she has my permission to participate in TOP SOCCER.

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 **Mississippi Coast Special Needs Soccer Association**. 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 and any time after) to **Mississippi Coast Special Needs Soccer Association** to use his/her likeness, name, voice and words in television, radio film and or newspapers, magazines and other media, and in any form, for the purpose of advertising or communicating the purpose of activities of Mississippi Coast Special Needs Soccer Association and/or for fund raising to support this program.

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

**Consent for medical Treatment:** As an adult player or the parent or legal guardian of the above named player, I hereby give my consent for emergency medical treatment as described by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions that is necessary to preserve life, limb or well being. As an adult or the parent or legal guardian of the above named player, I agree to abide by the rules of Mississippi Coast Special Needs Soccer Association, Mississippi Soccer Organization and its affiliated sponsors or organizations. Recognizing there exists a risk of physical injury associated with soccer, and in consideration for the Mississippi Coast Special Needs Soccer Association accepting me into its soccer programs and activities, I hereby release, discharge, and/or otherwise indemnify the Mississippi Coast Special Needs Soccer Association, its affiliated organizers and sponsors, their employees and associated personnel including the owners of the fields utilized for the soccer program against any claim by or on behalf of myself as a result of my participation in the program.

The Mississippi Coast Special Needs Soccer Association has secondary medical insurance through the Mississippi Youth Soccer Association. There is a \$250.00 deductible paid by the parent or guardian in the event of injury or medical treatment is needed.

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 provisions on my own behalf and that of my child. I hereby give permission for him/her to participate in **Mississippi Coast Special Needs Soccer Association**.

Parent or Guardian Signature \_\_\_\_\_

Parent or Guardian (print name) \_\_\_\_\_

Date \_\_\_\_\_

**RELEASE OF THE CITY OF D'IBERVILLE  
(PARENT ON BEHALF OF MINOR CHILD SPORTS PARTICIPANT)**

I, the undersigned parent of a minor child, have allowed my child to participate in a sports activity within the City of D'Iberville. I, as parent, know and realize that my child could be injured while engaged in this sports activity. I fully appreciate the risk and dangers, which I assume on behalf of my child. Acknowledging these facts, I, as parent, deliberately and voluntarily give my consent for my child to assume the risks inherent in my child engaging in this sports activity. I, as parent, agree to hold harmless the City of D'Iberville any and all liability for its negligence or the negligence of any of its agents, employees, servants, assigns, delegates or any person acting on behalf of the City of D'Iberville for any injuries which my child may sustain while engaged in this sports activity.

As a member of this sports team, my child enters upon the City of D'Iberville property, sports field and playground at his/her own risk. I accept, on behalf of my child, the property in its "as is" condition. I, as parent, excuse the City of D'Iberville, its agents, employees, assigns and delegates from any and all defects in the sports field, playground, property and equipment. Additionally, I, as parent, excuse the City of D'Iberville, its agents, employees, assigns and delegates from any and all negligence in the ownership and maintenance of this property, playground, or playfield.

I, the undersigned, as parent of a minor child who is a sports participant, realize that there may be hazards or conditions, including, but not limited to holes, fence wire, unauthorized persons on the property or other risks that may cause injury or death to my child. The City of D'Iberville and its agents, employees, assigns, delegates make no representations or assurances to the undersigned of the safety of this property for recreational use and disclaim any duty of care or responsibility to the undersigned.

Further, the undersigned parent agrees that his/her child will exercise reasonable care for his/her own safety in order to avoid the risk of injury or death. The undersigned parent understands and agrees that the City of D'Iberville is not responsible or liable for injuries or death caused by or through the negligent acts of this minor child or other sports participants or through his/her own negligence or fault.

The undersigned parent does hereby relieve and excuse the City of D'Iberville for any and all liability which may be occasioned by the negligent acts of the City of D'Iberville, its agents, assigns or delegates, including but not limited to: (1) Failure to properly maintain the property, equipment and/or facilities of this sports activity; (2) failure to properly supervise the sports activity or any of the coaches, umpires, participants, personnel, or any other persons involved in the sports activity; (3) Failure to inspect the premises to make the premises safe in the exercise of due care; and (4) Any negligence by the City of D'Iberville, its agents, assigns, delegates in the provision of sports equipment of defective conditions caused by, through or I the equipment resulting in injuries or deaths.

I understand that the City of D'Iberville carries no liability insurance or other insurance to compensate me, my child, parents, spouse, or other persons who may be responsible for my child's care, in the event that my child is injured while engaged in this sports activity.

Printed name of minor child sport participant: \_\_\_\_\_

Printed name of parent: \_\_\_\_\_

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_