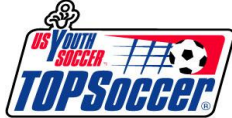


2011 TOPSoccer Registration Form

TOPSoccer is an official US Youth Soccer program (ages 5 –18 years old) enriching the lives of young athletes with disabilities through the game of soccer.



PARKS AND RECREATION

PARTICIPANT INFORMATION

Name:		Birthdate
Contact Name		
Street Address		Apartment/Unit #
City	State	ZIP
Home Phone		Work Phone
Cell Phone		E-mail Address
Are you a resident of the City of Chattanooga? YES <input type="checkbox"/> NO <input type="checkbox"/> If no which county/area do you live in?		

Player shirt size? **Player short size?**

EMERGENCY CONTACT

Name	Relationship	Phone Number
Name	Relationship	Phone Number

MEDICAL INFORMATION

**Please provide us with the most current and through information.*

Diagnosis _____

Allergies _____

Current Medication _____

Please list any possible accommodations needed for this activity.

Please list all and any Medical Concerns.

Other Important Information:

REGISTRATION AND MEDICAL RELEASE

Permission is hereby granted for myself/son/daughter/ward, named above, to participate in the activities associated with the Therapeutic Recreation Program. I understand that these activities will be supervised by employees and/or volunteers of the City of Chattanooga Parks, Recreation Department. As Parent/Guardian/Participant, I hereby release from liability from injury incurred by myself/son/daughter/ward; and, I agree to indemnify and hold harmless, the following parties: Redoubt Soccer Association, The Greater Chattanooga Area TOPSoccer Association ("TOPSoccer"), Chattanooga Parks, Recreation, City of Chattanooga and the respective and collected elected and appointed officers, employees, agents and servants of said parties from all claims, demands and judgments arising out of myself/son/daughter/ward during participation in such an activity. I hereby authorize the City of Chattanooga Parks and Recreation Department representative permission to seek medical treatment for myself/my child should any emergency situation occur during participation in the Therapeutic Recreation program.

(Participant/Parent/Guardian Signature: By placing your signature below, you certify that you have read this form and the terms and conditions set forth herein; and you agree to abide by said conditions and terms, and certify that all information is true, current and correct and may be relied upon by the Therapeutic Recreation Program Personnel.)

Participant Name _____	Date _____
Parent/Guardian Name _____ (if under 18)	Participant/Parent/ Guardian Signature _____

Photograph and Image Release

I, the undersigned, give permission for the use of photographs or images of myself/ son/daughter/ward by any newspaper, City of Chattanooga Representative or other publication. These photographs or images will be used for the sole purpose of promoting or reporting on the Chattanooga Parks and Recreation department's therapeutic services and TOPSoccer in conjunction with Redoubt Soccer Association.

Name of Participant whose Photograph can be used _____

Signature of the person who is authorizing the use of photographs _____

Date _____