



REGISTRATION FORM

Player's Name: _____
First / Middle / Last

Player's Birthdate: _____ mm/dd/yy Gender: Male Female
(circle one)

Player's Address: _____
(Street Address)

(City / State / Zip Code)

E-mail Address: _____

Home Phone: _____

Parent / Legal Guardian Name: _____ Cell Phone: _____

School Player Attends: _____

PARENT OR LEGAL GUARDIAN AUTHORIZATION AND WAIVER OF LIABILITY:

I agree to allow my child, _____, to participate in the Midland Soccer Club's TOPSoccer program. I acknowledge that I am aware that each participant will be engaging in athletic activities based on their ability and that participation involves risk of serious injury. I agree to release, indemnify, and hold harmless the Midland Soccer Club and the Michigan State Youth Soccer Association, and their employees, officials, coaches, volunteers, or any other agent from any and all claims arising from my child's participation in the program.

I also agree to attend all TOPSoccer sessions with my child. I agree that my child's image may be used in print and video releases in the promotion of this program.

SIGNED: _____

DATE: _____

PRINT NAME: _____