



**Middleton Yahara Soccer Club (MYSC)
TOPSoccer Registration**

Athlete Information

Name: _____ Date of Birth _____
 Age: _____ Gender: M _____ F _____ Grade: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Phone # _____
 Email: _____
 Insurance Company _____ Policy # _____

Parent/Guardian Information

Parent(s)/Guardian(s): _____
 Address (if different from above): _____
 City: _____ State: _____ Zip: _____ Home Phone # _____
 Cell Phone # _____ Other Phone # _____
 Email: _____

Emergency Information

Person to contact in case of emergency (other than parent): _____
 Home Phone # _____ Cell # _____ Other # _____

State any information that would be useful for our volunteer buddies in giving your player a best experience.

Please provide any behavioral information that might be of help for our volunteer buddies.

Why is your player enrolled in TOPSoccer & what would you like your player to gain from this experience?

Medical condition(s) about which the volunteers should be aware:

Complete 4 forms & return to MYSC TOPSoccer, 2711 Allen Blvd B1, Middleton, WI 53562 or 608-831-9224 (f)

Name on Credit Card: _____ Amount Charge: _____

Credit Card #: _____ Expiration Date: _____

Or make checks payable to MYSC

Office use only:	Input GS _____	Date _____	Session # _____	Amount _____
	Ck# _____	CC Charged _____	Cash _____	MT _____ RL _____ PC _____
Form updated 1/4/10				

**MYSC TOPSoccer
Player Health Information**



Circle One and/or Comments

Down Syndrome Yes No _____

Atlanto-Axial instability evaluation by x-ray Yes R _____

(Circle Yes for Positive, R for Negative)

History of:

Atlantoaxial instability Yes No _____

ADD (Attention Deficit Disorder)

Diabetes Yes No _____

Heart problems/blood pressure elevation Yes No _____

Non-Verbal Yes No _____

Sign Language Yes No _____

Seizures Yes No _____

Vision impairment and/or less than 20/20 vision in one or both eyes Yes No _____

Contact lens/glasses Yes No _____

Hearing aid/hearing impairment Yes No _____

Motor impairment requiring special equipment Yes No _____

Type(s) of special equipment/aid used _____

Bleeding problem Yes No _____

Head injury/history of concussion Yes No _____

Fainting/dizzy spells Yes No _____

Heat illness or cold injury Yes No _____

Recent contagious disease(s) or hepatitis Yes No _____

Explain if Yes _____

Urinary problem/incontinence Yes No _____

Pregnant Yes No _____

Bone or joint problems Yes No _____

Dentures/false teeth Yes No _____

Emotional problems Yes No _____

Special dietary needs Yes No _____

Other Yes No _____

Special Medication(s) Name Amount Time(s) Usually Taken. Date Prescribed

Known allergies/adverse reactions to medication(s)/food(s):

Immunizations

Tetanus Yes No Date of last tetanus shot: _____

Polio Yes No

Other(s) (Please List) _____

Doctor Name: _____ Phone: _____

Doctor Name: _____ Phone: _____

Signature of person completing this Participant Information form

(Parent, guardian, participant over 18)

_____ Date: _____



MYSC TOPSoccer Physician Medical Certification

**To be filled out by a licensed physician & is valid for 1 year from signed date

Player's Name: _____

Address: _____

Phone: _____

Gender: M ___ F ___ Date of Birth: _____ Height: _____ Weight: _____

**Note to Physician – If the player has Down Syndrome, in order to participate in TOPSoccer, s/he must have a complete radiological examination establishing the absence of Atlanto-axial Instability.

Physician Statement/Information:

Physician's Name: _____ Office Phone # _____

Address: _____

Physician's Comments: _____

"I have reviewed the above player's health information, have examined the player, and I certify that there is no apparent medical evidence that would preclude _____ (player's name) from participating in TOPSoccer"

Physician's Signature: _____ Date: _____



MYSC TOPSoccer Release of Liability, Medical & Photograph Consent

RELEASE OF LIABILITY

The undersigned self, parent, or legal guardian of _____ (print full name), the “Registrant,” recognizes that soccer is a vigorous contact sport and that the Registrant may suffer temporary or permanent serious physical injury including, but not limited to sprains, fractures, brain or spinal damage, paralysis or even death while participating/playing soccer or attending a game, tournament, practice or scrimmage. I, the undersigned Registrant recognizes that the types of injuries and harm mentioned in the preceding sentence of this Release can arise from a wide spectrum of causes in regard to the sport of soccer including, but not limited to: head injuries suffered by players impacting each other, goalposts or the ground; players getting hit by motor vehicles in parking lots or roads near fields; violent or overly rough play; playing in weather that may be too dark, too hot, too wet or too slippery; player fights; injuries caused by poor field conditions including potholes, protruding sprinkler heads, holes or the like; lightning; or negligence or misconduct by coaches, parents, referees or other players. The undersigned further acknowledge and understand that travel to and from games, practices, and tournaments by motor vehicle or other means of transportation may be necessary and that such travel carries with it inherent risks of injury. With full knowledge of the above-referenced risks, and in consideration for the United States Soccer Federation (“USSF”), United States Youth Soccer Association (“USYSA”), and the Wisconsin Youth Soccer Association and their member soccer clubs accepting the Registrant in their soccer programs, and pursuant to the recreational assumption of the risk statute, sec. 895.525, Wis. Stats., I, the Registrant hereby accept and assume full responsibility for any and all harm caused by negligence, and release, discharge, and/or otherwise indemnify the United States Soccer Federation, United States Youth Soccer Association and the Wisconsin Youth Soccer Association, and their respective clubs, coaches and staff, directors and officers, league and tournament sponsors and their directors and officers and any of their facilities utilized for soccer as to any claims and causes of action based on allegations of negligence by or on behalf of the Registrant. This release includes transportation to and from soccer games and tournaments, which I hereby authorize.

If you have any questions regarding any of the provisions of this Release, or otherwise wish to discuss or negotiate about any of the provisions of this Release, please contact the Wisconsin Youth Soccer Association’s Executive Director. Please note that the Registrant shall not be permitted to participate in any Wisconsin Youth Soccer Association sponsored program or game unless and until this form is signed and returned to an authorized Wisconsin Youth Soccer Association representative or other satisfactory arrangements are made with regard to the subject matter of this Release in a writing signed by both you and Wisconsin Youth Soccer Association’s Executive Director.

This Release shall remain in effect from the date it is signed below through to August 1, 2010, the start of next year’s fall soccer season, and shall be interpreted under Wisconsin law.

Signature (if under 18, parent/guardian signature) _____

Dated: _____ **Print Name** _____

CONSENT FOR MEDICAL TREATMENT

With full knowledge of the risks of injury in the game of soccer, I hereby authorize the following persons to administer emergency medical treatment to my child, (print full name) the Registrant, for any injury or other medical emergency while at a practice, game, tournament, scrimmage, or while attending or traveling to or from any of those activities: All coaches and managers; all officers and officials of the soccer club to which I belong; all United States Soccer Federation (“USSF”), United States Youth Soccer Association (“USYSA”), and Wisconsin Youth Soccer Association officers, directors or other league or District officials; and all directors, officers, sponsors, officials or agents of any league or tournament that I may participate in. This consent also extends the right to those persons listed above to arrange for immediate medical treatment by a licensed physician and/or other trained medical personnel, and for them to provide such emergency medical care as they deem appropriate to preserve my life or well-being. I hereby release, hold harmless and indemnify the above-listed persons for any injury or damage related to administration of emergency medical care as authorized herein.

This Consent for Medical Treatment is in effect from the date it is signed below through to August 1, 2010, the start of next year’s fall soccer season, and shall be interpreted under Wisconsin law.

I have read and fully understand the above statements. I acknowledge that before signing I had an opportunity to contact Wisconsin Youth Soccer Association to discuss any questions I had about the above Release and Consent.

PHOTOGRAPH CONSENT Participants may be photographed while utilizing the facility, services, or participating in an MYSC program and said photographs, or likeness of me, may be used to publicize activities as the club deems appropriate.

Signature (if under 18, parent/guardian signature) _____

Dated: _____ **Print Name** _____