



**MYSC TOPSoccer
"Buddy" Volunteer Registration Form**

Volunteer Name _____ Age _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell phone _____

Email _____

Medical Restrictions / Allergies _____

Emergency Contact _____ Phone _____

Experience with people w/ disabilities? _____

Commitment Dates for 2010 Session 2

| | | |
|----------------|--------------|------------------------------------|
| April 7, 2010 | *May 5, 2010 | May 26, 2010 |
| April 14, 2010 | May 12, 2010 | *Please note: no class on April 28 |
| April 21, 2010 | May 19, 2010 | 1-2 Saturday dates TBA |

I understand that I (and/or my child) is making a commitment to assist as a volunteer and it is important that I (s/he) commit to all days listed above. In the event that I (s/he) must miss a date, I will contact MYSC at kirstin.kiphardt@mysc.us or 608-831-8694 x.0. I recognize that I (or my child) will be working with players with special needs in an effort to enhance motor skills development and provide a fun and safe environment for the TOPSoccer Players.

RELEASE OF LIABILITY The undersigned whether self, parent, or legal guardian, of the "Registrant", recognizes that soccer is a vigorous 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 in soccer or attending a game, tournament, practice, or scrimmage. I further acknowledge and understand that travel to and from games, practices, and tournaments by automobile, 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 Youth Soccer Association ("USYSA"), and the Wisconsin Youth Soccer Association ("WYSA"), and their member clubs accepting the Registrant in their soccer programs, and pursuant to the recreational assumption of the risk statute, sec. 895.525(4), Wis. Stats., the Registrant and I hereby accept and assume full responsibility for any and all harm caused by negligence and release, discharge, and/or otherwise indemnify USYSA and WYSA and their respective clubs, coaches, 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 by or on behalf of the Registrant and his or her parents or legal guardians except to the extent any such claims and causes of action are fully covered by insurance procured by or on behalf of USYSA and WYSA and their member clubs. This release includes transportation to and from soccer games and tournaments which I hereby authorize. This release shall remain in effect for the duration of the seasonal year and shall be interpreted under Wisconsin Law.

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 me and/or my child, the Registrant (s), 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 of my child's team; all officers and officials of the soccer club to which I or my child's team belongs, all USYSA and WYSA officers, directors, or other League or District officials; and all directors, officers, sponsors, officials or agents of any program, league or tournament that I and/or my child 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 the life or well-being of me and/or my child. My child and/or 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 release shall remain in effect for the duration of the seasonal year 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 the WYSA 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.

Volunteer Signature (or parent/guardian signature, if volunteer is under 18)

Date _____