



Participant Information

Athlete Information

Name: _____ Date of Birth _____

Address: _____

City: _____ State: _____ Zip: _____ Phone # _____

Sex: M _____ F _____ Shirt size (circle one) YS YM YL - S M L XL
Youth Size Adult Size

Parent/Guardian Information

Parent(s)/Guardian(s): _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone # _____

Office Phone # _____ Cellular Phone # _____

Emergency Information

Person to contact in case of emergency: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone # _____

Office Phone # _____ Cellular Phone # _____



Naples Youth Soccer Club - TOPSoccer

ATHLETE'S APPLICATION/AGREEMENT TO PARTICIPATE

Registration Fee: \$10.00 Check Payable to: Naples Youth Soccer Club

I, _____, wish to participate in youth soccer, and more particularly in the **Naples Youth Soccer Clubs** TOPSoccer Program. In connection with my participation, I acknowledge that there may be increased risk of harm because of my (name(s) of disability(ies) _____ and for which I have received or am receiving medical attention.

In making this decision to participate in TopSoccer, I am aware of the value of participating in youth sports programs in my life, and choose to participate in order to take full advantage of those values. In weighing the risk to myself of potential injury now and in the future, I wish to exonerate and hold harmless the The Naples Youth Soccer Club and Collier County Parks and Recreation TOPSoccer Program, and the Florida Youth Soccer Association and the agents, servants and employees of those organizations, from any liability as a result of an injury or death relating to my disability(ies) and not to any injury that may occur in the future which is unrelated to my disability(ies). I execute this agreement freely, fully intending to be bound by same.

Participant Name

Date of Birth

Participant

Address

Parent/Guardian Signature

Date



Naples Youth Soccer Club TOPSoccer Program

PARENTAL CONSENT FOR TOPSOCCER PARTICIPATION

I am the parent/legal guardian of _____ and on whose behalf I have submitted the attached Athletes Application/Agreement to participate in the **Naples Youth Soccer Club - TOPSoccer Program**

I hereby declare and warrant that to the best of my knowledge and belief that he/she is both physically and mentally able to participate in TOPSoccer. With my approval, a licensed physician has examined my son/daughter and, based on his/her medical examination, there is no medical evidence that would preclude his/her participation in TOPSoccer.

I further understand that my presence or the presence of my spouse or other legal guardian is required at all **Naples Youth Soccer Club - TOPSoccer** and Florida Youth Soccer Association (FYSA) Program events, including but not limited to practices, games, festivals, etc. in which he/she participates. I clearly understand that the reason for the required presence of a parent or guardian for TOPSoccer activities is based in part on issues surrounding emergency care should it be needed.

In permitting my son/daughter to participate in the **Naples Youth Soccer Club - TOPSoccer Program**, I specifically grant my permission for TOPSoccer to use his/her likeness, for the purpose of informational outreach for TOPSoccer and/or seeking funds and other types of support for TOPSoccer.

As the parent/legal guardian of _____. I have read and understand fully each of the above provisions. Through my signature on this consent form, I acknowledge and agree with each of the above provisions on my own behalf and that of my participating child. I also recognize the potential risk(s) that are involved with my child's participation in TOPSoccer and agree to hold harmless the TOPSoccer coaches, volunteers, and others involved in administering this program should harm relating to his/her disability(ies) occur to my child when he/she is participating in TOPSoccer.

I hereby declare that _____ has my permission to participate in TOPSoccer.

Signature of Parent or Guardian _____ **Date** _____