Sparta Soccer Club
***TOPSOCCER* Program**
Player Registration
Fall 2014

SECTION A-Player Information

Players Name: _____ Date of Birth: _____
Last Name First Name Month Day Year

Today's Date ___/___/___ Age: _____ Sex: M F (circle one)

Address: _____City: _____ Zip: _____

Phone: _____Emergency Phone: _____

E-Mail: _____

T-shirt size (circle one): Youth: small – medium - large - X-large Adult: small - medium – large - X-large

Medical Information: Does your child have any medical/surgical problems that a coach or manager should know about? No Yes (If yes, please describe)

_____
_____

Please tell us about your child's special needs, to help us in instruction and coaching:

_____
_____
_____

PARENT / GUARDIAN MUST REMAIN AT THE FIELD

SECTION B-Waiver and Release

In consideration of my child being allowed to participate in any Sparta Soccer Club programs, related events & activities, I the undersigned, on behalf of my spouse and our child/ward:

1. Acknowledge and fully understand that each participant will be engaging in activities that may involve serious injury, including permanent disability and death, and severe social and economic loses which might result not only from their own actions, inaction, or negligence, but the actions, inaction, or negligence of others, in the rules of play, or the condition of the premises or any equipment used. Further, there may be risks not known to us or not reasonably foreseeable at this time.

2. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.

3. Release, waive, discharge and covenant not to sue Sparta Soccer Club or Sparta Township, its administrators, officers, directors, agents, managers, coaches and other volunteers and employees, other participants, sponsoring agencies, sponsors, advertisers, and owners and lessors of premises used to conduct the event, from any liability arising out of that participation and will hold all of the harmless and indemnify them all from any claims by or on behalf of the above player arising out of the participation of that player.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING
AND SIGN IT VOLUNTARILY
PARENT or GUARDIAN: _____(please print)

SIGNATURE:_____ DATE_____

PLEASE MAIL THIS FORM TO:
SSC TOPSoccer Program
c/o Shauna Stanley
37 South Shore Trail
Sparta, NJ 07871

Visit our website: www.spartasoccer.com for information or copies of this registration form.