



Sandyston Recreation TOPSoccer

TOPSoccer Volunteer Buddy Sign Up

SECTION A - Information

Name: _____ Date of Birth: ____/____/____

Last Name

First Name

Month

Day

Year

Age: _____ Sex (circle one): M F Allergies: _____

E-Mail: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ Emergency Phone: _____

Are you a returning buddy? (circle) Yes No

Medical: Do you have any medical/surgical problems about which a coach or manager should know?

(If yes, please describe):

Please tell us about your experience in playing soccer (for example, 4 years of club travel soccer, or 2 years of high school soccer), and in coaching, if you have any coaching experience. If you have any experience working with children with special needs, please indicate.

Dates: Buddies are asked to arrive by 1:50PM for every TOPS session. Players will participate from 2:00-3:00 PM. The TOPS program will be every Saturday from September 30th – November 4th. We would like Buddies to commit to attend at least 3 sessions, and we encourage Buddies to attend as many sessions as possible.



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SECTION B - Waiver and Release

In consideration of my child being allowed to participate in any Sandyston Recreation TOPSoccer 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 engage 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 Sandyston Recreation TOPSoccer, 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

PRINTED NAME (PARENT or GUARDIAN, IF MINOR): _____

SIGNATURE: _____ TODAY'S DATE: ___/___/___

PLEASE SUBMIT THIS FORM BY E-MAIL TO: SandystonRecTopSoccer@gmail.com

FOR MORE INFORMATION, CONTACT: Jennifer Lubeck 973-903-4136