



Sandyston Recreation TOPSoccer **TOPSOCCER** Registration Fall 2023

REGISTRATION DUE SEPTEMBER 13, 2023

SECTION A-Player Information

Today's Date: ___/___/___

Players Name: _____ Date of Birth: ___ / ___ / ___

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

Shirt Size(circle): YS YM YL YXL AS AM AL AXL

Parent/Guardian Name: _____ Parent/Guardian Phone: _____

Parent/Guardian Name: _____ Parent/Guardian Phone: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Emergency Phone: _____

E-Mail: _____

Can we publish your child's photo in the newspaper/on website/social media (circle): Yes No

Medical: Does your child have any medical/surgical challenges about which a coach or volunteer should know? (If yes, please describe):

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

PARENT/GUARDIAN MUST REMAIN AT THE FIELD



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SECTION B-Waiver and Release

In consideration of my child being allowed to participate in any Sandyston Recreation Soccer 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 Sandyston Recreation, 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 complete and mail or email this form to:

SandystonRecTOPSoccer@gmail.com

Sandyston Recreation

c/o TOPSoccer

133 County Road 645

Sandyston, NJ 07826

Parents are asked to stay on site during each session. For more information contact Jenn at

SandystonRecTOPSoccer@gmail.com