



# Lehigh Valley TOPSoccer Club Registration Form – Spring 2009

[Open to children with Autism Spectrum Disorder, Down Syndrome and Cerebral Palsy]

Follow these steps...

1. Please sign at the bottom of this page and complete the form on page 2;
2. Write a check for \$20 payable to '**Lehigh Valley TOPSoccer Club**'.
3. Mail the completed registration and check for \$20 to Lehigh Valley TOPSoccer Club, 1350 Buck Trail Road, Allentown, PA 18104

**Registrations for Spring 2009 will be accepted from January 15, 2009**

**By registering your child, you agree, warrant and covenant as follows:**

I / We the parents or guardians of the player being registered, give my / our consent to his/her participation in all team and Lehigh Valley TOPSoccer activities during the current soccer season and will abide by the club rules and regulations governing soccer.

I / We assume all risks and hazards incident to such participation including, but not limited to, financial responsibility for medical expenses, in the event of injury or illness of any kind due to participation in Lehigh Valley TOPSoccer Club activities.

I / We hereby waive, release, absolve, indemnify, and agree to hold harmless, the Lehigh Valley TOPSoccer Club or its successors, its officers, directors, members, coaches, participants, sponsors, agents, servants, workmen, employees, and any other person or entity associated in any way with Lehigh Valley TOPSoccer Club including any persons or entity transporting the player being registered to or from Lehigh Valley TOPSoccer Club activities, from any claims of any nature whatsoever, including but not limited to bodily injury, illness and/or property damage, or otherwise.

I / We agree that in the event that the player being registered requires any form of medical attention while participating in Lehigh Valley TOPSoccer Club activities, that his / her coaches or any of their assistants have permission to secure any and all medical treatment required.

I / We agree to provide medical insurance coverage for my child while my child participates in Lehigh Valley TOPSoccer Club activities.

I / We agree to return, upon request, the uniform and other equipment issued to our child, in good clean condition.

I / We will furnish a certificate of birth of our child upon request.

I / We understand that before, during, or after games or matches, no one is permitted to harass, argue with, or otherwise interfere with players, coaches, or officials, either in or off the playing area.

I / We agree to be members of Lehigh Valley TOPSoccer Club for the current soccer season and to pay a registration fee for each player registered in the Lehigh Valley TOPSoccer Club soccer program.

I / We agree to be available for voluntary services as may be requested by the Lehigh Valley TOPSoccer Club during the current soccer season.

I / We agree to be legally bound by this agreement, the terms of which shall extend to my spouse, our heirs, administrators, executors, and assigns.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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All required fields are *Italicized and in Bold!* (A form needs to be filled out for each child.)

## 1. Participant's Information

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Township:** \_\_\_\_\_ **Gender:** M / F **Birth Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm/ dd / yyyy

**School Name :** \_\_\_\_\_

**School District:** \_\_\_\_\_

### **T-Shirt Size (Please Check One):**

YS  YM  YL  AS  AM  AL  AXL

Medical Diagnosis (optional):  Autism Spectrum Disorder  Down Syndrome  Cerebral Palsy

## 2. Parent's / Guardian Information

### Mother/Guardian's Information

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

### Father/Guardian's Information

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**3. Primary Email Address:** \_\_\_\_\_

## **4. Home/ Mailing Address:**

**Address (Line 1):** \_\_\_\_\_

**Address (Line 2):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_ (optional)

## **5. Volunteer Information** (Please check one)

**Head Coach**  **Assistant Coach**  **Fundraiser**  **Photo Day Coordinator**

**Team Parent**  **Volunteer @ Large**

(Do Not Send Cash!) Make checks payable to: **Lehigh Valley TOPSoccer Club**

Mail registration to: Lehigh Valley TOPSoccer Club, 1350 Buck Trail Road, Allentown, PA 18104

[www.lvtopsoccer.org](http://www.lvtopsoccer.org)