



2022 TOPSOCCER REGISTRATION



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CSSO WILL PROVIDE SOCKS TO THE PLAYERS. ALL PLAYERS WILL BE REQUIRED TO
SUPPLY THEIR OWN SHORTS OR PANTS.



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Nature of Disability:

Special Equipment Used:

Please list any medical issues of which we should be aware:

Please list any behavioral information that may help the coaching staff and buddies:

Please list any fears your child has, that we should know about:

Please list prescribed medicines taken:

Tetanus: Yes No If yes, please list date of last tetanus shot:

Please give us any suggestions to help our coaches and volunteers make this a successful experience

PLEASE NOTE THAT IF YOUR CHILD HAS DOWNS SYNDROME HE/SHE MUST HAVE A NOTE FROM THEIR DOCTOR TO PARTICIPATE. WE REQUIRE AN ANNUAL X-RAY TO CHECK FOR PRESENCE OR ABSENCE OF ATLANTO-AXIAL INSTABILITY.



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I am the parent/legal guardian of the above named participant and on whose behalf I have submitted the attached Athletes' Application/Agreement to participate in the Columbus Soccer Organization 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 certified that, based on an independent medical examination, there is no medical evidence that would preclude his/her participation in TOPSoccer. I also understand that if he/she has been diagnosed to have Down Syndrome, a radiological examination for the purpose of determining the presence or absence of atlantoaxial instability is required for 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 CSO TOPSoccer Program events, including but not limited to practices, games, festivals, etc. in which he/she participates. I clearly understand the reason for the required presence or 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 CSO TOPSoccer Program, I specifically grant my permission for TOPSoccer to use his/her likeness, name, voice, and/or words in television, radio, film, newspaper, magazine and/or other media 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 the above named participant, 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 CSO 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 the above named participant has my permission to participate in TOPSoccer

I/We have read, understand, and agree to comply with the Medical & Image Release as outlined above

Parent/Guardian Signature

Date