**Massachusetts Youth Soccer Association**

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**King Philip Soccer Association (KPSA) TOPSoccer Program**

**Participant Information**

**Athlete Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: M\_\_\_\_\_\_\_\_\_ F\_\_\_\_\_\_\_\_

**Parent/Guardian Information**

Parent(s)/Guardian(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_\_ Home Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_

Office Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cellular Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Information**

Person to contact in case of emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_\_ Home Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_

Office Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cellular Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Information**

**Circle One Comments**

Down Syndrome Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Atlantoaxial instability evaluation by x-ray Yes R \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Circle Yes for Positive, R for Negative)

**History of: Circle One Comments**

Atlantoaxial instability Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diabetes Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Heart problems/blood pressure elevation Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seizures Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vision problems and/or less than

20/20 vision in one or both eyes Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hearing aid/hearing problem Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Motor impairment requiring special equipment Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type(s) of special equipment/aid used\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bleeding problem Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Head injury/history of concussion Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fainting/dizzy spells Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Heat illness or cold injury Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hernia or absence of one testicle Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recent contagious disease(s) or hepatitis Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain if Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kidney problem or loss of function in one Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Urinary problem/incontinence Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pregnancy Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bone or joint problems Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact lens/glasses Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dentures/false teeth Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emotional problems Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special dietary needs Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Medical condition(s) about which the coaching staff should be aware:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Behavioral information that may be of help to the coaching staff:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special Medication(s)**

Medication Name Amount Time(s) Usually Taken Date Prescribed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Known allergies/adverse reactions to medication(s)/food(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Doctor(s)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**

Signature of person completing this Participant Information form

(Parent, guardian, adult athlete)

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

**Massachusetts Tops Soccer Program**

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**King Philip Soccer Association (KPSA) TOPSoccer Program**

**ATHLETE’S APPLICATION/AGREEMENT TO PARTICIPATE**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, wish to participate in youth soccer, and more particularly in the KPSA TOPSoccer Program. In connection with my participation, I acknowledge the risk of possible physical harm to me as a result of my participation and that the risk of harm may be increased because of my (name(s) of disability(ies) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and for which I have received or am receiving medical attention.

While there is no immediate danger to me, I am told that strenuous, collision type activities, such as soccer, could render me more susceptible to future problems due to my disability(ies) than might normally be expected. I have discussed this situation with my parent(s)/guardian(s) and we understand the potential danger of participating in soccer.

Notwithstanding that my participation in youth soccer may constitute more risk to me than it does to other athletes, I nevertheless wish to participate in youth soccer. In making this decision, I am aware of the value of participating in youth sports programs in my life, and choose to participate in order to take full advantage of those values. In weighing the risk to myself of potential injury now and in the future, I wish to exonerate and save harmless the KPSA TOPSoccer Program, its sponsoring club/association, and the Massachusetts Youth Soccer Association and the agents, servants and employees of those organizations, from any liability as a result of an injury or death relating to my disability(ies) and not to any injury that may occur in the future which is unrelated to my disability(ies). I execute this agreement freely, fully intending to be bound by same.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Name Date of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

**Massachusetts Youth Soccer Association**

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**King Philip Soccer Association (KPSA) TOPSoccer Program**

**PARENTAL CONSENT FOR TOPSOCCER PARTICIPATION**

I am the parent/legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and on whose behalf I have submitted the attached Athletes Application/Agreement to Participate in the KPSA 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 KPSA TOPSoccer and Massachusetts Youth Soccer Association (Mass Youth Soccer) TOPSoccer Program events, including but not limited to practices, games, festivals. etc. in which he/she participates. I clearly understand that the reason for the required presence of 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 KPSA TOPSoccer Program, I specifically grant my permission for TOPSoccer to use his/her likeness, name, voice, picture 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. 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 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to participate in TOPSoccer.

**Signature of Parent or Guardian** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_