



# Columbus TOPSoccer Club

PO Box 7366 Columbus, GA 31908 706-561-0561

## Spring 2012 Registration Form

### Player Information:

Player's Name: \_\_\_\_\_

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

Phone: (H) \_\_\_\_\_ Email: \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Male\_\_\_\_ Female\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Soccer Seasons Played \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

### Additional Information Regarding Above Player

Please list any safety concerns we should know about:

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

**Special Needs or Tips:** PLEASE LIST ANY INFORMATION THAT THE COACHING STAFF NEEDS TO KNOW ABOUT YOUR CHILD TO FACILITATE A SUCCESSFUL SOCCER SEASON. CONTINUE ON THE BACK, IF NECESSARY.

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

Please circle YES or NO for the below:

Latex Allergy: \_\_\_\_\_ YES / NO

Food Allergy: \_\_\_\_\_ YES / NO if YES what type: \_\_\_\_\_

Insect Bit Allergy: \_\_\_\_\_ YES / NO

Asthma: \_\_\_\_\_ YES / NO

If your child has Asthma: do they use an inhaler YES / NO

Can they use inhaler independently YES / NO

Heart defect/heart disease/high blood pressure YES / NO

Diabetes \_\_\_\_\_ YES / NO

Seizures/Epilepsy/Fainting Spells YES / NO if YES when was the last

Seizure: \_\_\_\_\_

Does your child have a Shunt \_\_\_\_\_ YES / NO

Other Medical Concerns we should know about:

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Uniforms:

Jersey: Adult Youth / Small Medium XLarge XXLarge\*

Shorts: Adult Youth / Small Medium XLarge XXLarge\*

\*\*XXLarge is adult only.

Parent/Guardian Information (Please Print):

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

I HEREBY GIVE APPROVAL FOR THE PARTICIPATION OF MY CHILD IN ANY GSSA AND AFFILIATED ASSOCIATIONS OF LEAGUE ACTIVITIES AND I ASSUME ALL RISK AND HAZARDS INCIDENT TO SUCH PARTICIPATION INCLUDING TRANSPORTATION TO AND FROM SAID ACTIVITIES WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE GSSA AND AFFILIATED ASSOCIATION LEAGUE, THE ORGANIZERS, SUPERVISORS, OFFICERS, DIRECTORS, PARTICIPANTS AND PERSONS OR PARENTS SUPERVISING OR TRANSPORTING PARTICIPANTS TO AND FROM SUCH ACTIVITIES FROM ANY CLAIMS ARISING OUT OF INJURY TO MY CHILD. I UNDERSTAND THAT A PLAYER WHO REGISTERS WITH AN AFFILIATED LEAGUE IS BOUND TO THAT LEAGUE FOR THE ENTIRE SEASONAL YEAR UNLESS A TRANSFER IS REQUESTED FOR EXTENUATING CIRCUMSTANCES.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_  
2012