



**Western Missouri Soccer League
TOPSoccer Program
Participant Information/Registration Form
816-459-7543 * www.wmsl.org**



**Fill out and mail this form to—
WMSL, 6022 N Antioch Ste 2, Gladstone MO 64119**

Registration Deadline: At least ONE WEEK prior to your child's first attendance

Season Dates: Contact league office

Times: Contact league office

Location: Western Missouri Soccer League Complex, Hwy 152 & I-435

Cost of the Program: *FREE*

(All participants receive a shirt and awards at the end of the season)

For more information, contact:

Tom Hayman
bertz40@hotmail.com

Or go to our Web Page, www.wmsl.org

Athlete's Information

Name: _____ Date of Birth _____

Address: _____

City: _____ State: _____ Zip: _____ Phone # _____

Sex: M _____ F _____

T-shirt size _____

Are you new to the TOPSoccer program? _____yes no_____

Parent/Guardian Information

Parent(s)/Guardian(s): _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone # _____

Office Phone # _____ Cellular Phone # _____

Email Address: _____ **(required)**

Emergency Information *(Down Syndrome Athletes must have a updated, yearly chest x-ray; fax physician's permission and/or recent physical form to 816-459-8163)

Person to contact in case of emergency: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone # _____

Office Phone # _____ Cellular Phone # _____

(OVER)

Medical Release:

I am the parent/legal guardian of _____ and on whose behalf I have submitted the attached Athletes' Application/Agreement to Participate in the Western Missouri Soccer League 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 Western Missouri Soccer League 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 Western Missouri Soccer League 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 _____. 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 _____

For more information about TOPSoccer, go to www.wmsl.org. Click on the TOPSoccer link.

Comments:

Please describe the nature of your child's special needs so that we can do our best to accommodate him/her:
