

TOPSoccer Player Registration Form



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Gresham OR 97030
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Program – (503) 502-7340
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www.eastsidetimbers.com

Date

Players Name

Date of Birth

Address

City

State

Zip

Name of Parent or Guardian

Best Phone Number to Reach You at:

Email Address

Preferred Language Spoken to Player

Spring, Fall, Summer Camp

Honey Bears

Panda Bears

Grizzly Bears

Year

I wish to participate in the Oregon Youth Soccer 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 is increased because of:

(name of disability)
for which I have received 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 than might normally be expected. I have discussed this situation with my parents and we understand the potential danger of participating in soccer.

Notwithstanding, my participation in youth soccer constitutes more risk to me than it does to other athletes, I nevertheless wish to participate in youth soccer. In making the decision, I am aware of the value of participating in youth sports programs in my life, and choose to continue my participation 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 Oregon Youth Soccer Association their agents, servants and employees, from any liability as a result of an injury or death relating to my disability and not to any injury that may occur in the future which is unrelated to my previous disability. I execute this agreement freely, fully intending to be bound by same.

Signature of Parent or Guardian

Date