

**COLUMBUS-LOWNDES RECREATION AUTHORITY**

**TOPSoccer PROGRAM**

**REGISTRATION FORM**

Registration Ends  
Last Friday in February

There is NO Charge for this program)

Player Name

Birth Date

Player Age

**Player Gender (mark one)**

Male       Female

Father's Name  
Street Address  
Email Address

Home Phone  
Work Phone  
Cell Phone

Mother's Name  
Street Address  
Email Address

Home Phone  
Work Phone  
Cell Phone

Emergency Contact (other than parent)

Phone

**Please list below a description of Player's Medical History-  
If the player is Down-Syndrome, please indicate if there is a current x-ray. If the x-ray is positive, it is strongly recommended they do not take part in team play for their safety. In some cases, medical waivers may be required.**

**Player's Shirt Size: (mark one)**

Youth X-Small       Youth Small       Youth Medium       Youth Large       Adult Small  
 Adult Medium       Adult Large       Adult X-Large       Adult XX-Large       Adult XXX-Large

**STATEMENT OF UNDERSTANDING**

**The primary goal of the TOPSoccer Program is to ensure that the experience is meaningful for the participating athletes and one in which they feel they have made a contribution. Players will be supervised by a certified coach and will have a buddy assigned to them to assist them. Some training will be done using the "Unified Model". Unified soccer is played with a certain ratio of special population players to general population players. Example: 5 v 5 ratio is 3 special population players and 2 general population players on a team playing at the same time.**

***PARENTS, PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY!!!***

I. I, the parent or guardian of the above named candidate, participant or registrant for a Columbus-Lowndes Recreation Authority team, program, camp or activity hereby give my approval to participate in any and all programs, practices, camps or activities during the season. I assume all risk and hazards incidental to such participation including transportation to and from activities; and I do hereby waive, release, absolve, indemnify and agree to hold harmless the Columbus-Lowndes Recreation Authority, the Board of Directors, the staff and employees directors, organizers, sponsors, supervisors, participants, and persons transporting my child to or from activities, for any claim arising out of an injury to my child. Insurance coverage is the sole responsibility of parents or guardian. The Columbus-Lowndes Recreation Authority does not carry any type of insurance for participants.

II. My child has my permission to receive emergency medical treatment.

III. My child may be photographed during any CLRA activities.

***I have read and understand the above statements I, II & III :***

Parent (Guardian) Signature\_\_\_\_\_

Date\_\_\_\_\_