

RELEASE TO BE COMPLETED BY PARENT OR GUARDIAN

I am the parent/guardian of _____, on whose behalf I have submitted the attached application for participation in TOPSOCCER, I hereby represent that he/she has my permission to participate in TOPSOCCER.

I further represent and warrant that to the best of my knowledge and belief, he/she is physically and mentally able to participate in Topsoccer. With my approval, a license physician has certified based on an independent medical examination that there is no medical evidence which would preclude his/her participation. I understand that if he/she has Down Syndrome, a full radiological examination to establish the absence of Atlanto-axial Instability is needed.

In permitting him/her to participate, I am specifically granting my permission, (both during and anytime after) to Topsoccer to use his/her likeness, name, voice and words in television, radio, film, newspapers, magazines and other media, and in any form, for the purpose of advertising or communicating the purposes activities of Topsoccer and/or for fund to support this program.

If a medical emergency should arise during his/her participation in Topsoccer, at a time when I am not personally present so as to be consulted regarding his/her care, I hereby authorize Topsoccer, on my behalf, to take whatever measures are necessary to ensure that he/she is provided with any emergency medical treatment including hospitalization, which Topsoccer deems advisable in order to protect his/her health and well being.

I am the parent (guardian) of _____. I have read and fully understand the provisions of the above release. Through my signature on this release form, I am agreeing to the above provisions on my own behalf and that of my child.

I hereby give my permission for him/her to participate in Topsoccer.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____