



Wildcats Soccer Club Fall 2018-Spring 2019

965 N.1st ST New Hyde Park, NY 11040

Application for Participation in TOPSoccer

Parent or Guardian Release

Entrant's Name _____
(Please Print) Last First

Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Phone Number (____) _____

Father's Name _____ Mother's Name _____

E-mail Address _____

I, the undersigned parent and/or legal guardian of the above named applicant (hereinafter referred to as the "Entrant"), hereby request permission for the Entrant to participate in the TOPSoccer program.

I represent and warrant to you that the Entrant is physically and mentally able to participate in TOPSoccer.

On behalf of the Entrant and myself, I acknowledge that the Entrant will be using facilities at his own risk and I, on my own behalf, hereby release, discharge and indemnify TOPSoccer from all liability for injury to person or damage to property of Entrant and myself.

If I am not personally present at TOPSoccer activities in which the Entrant is to compete, so as to be consulted in case of necessity, you are authorized on my behalf and at my account to take such measures and arrange for such medical and hospital treatment as you may deem advisable for the health and well-being of the Entrant.

Signature _____ Date _____

Emergency Contacts

Name _____ Street _____

City _____ State _____ Zip _____

Day Phone () _____ Evening Phone () _____

Mail application to:
My phone # 516 4375958

Mary Jo Bursig
965 N. 1st St New Hyde Park, NY 11040

Medical information:

Medication

General Information and Concerns:
