TOPSOCCER REGISTRATION AND AUTHORIZATION FORM

Player Name _____ Date of Birth _____

Street Address _____ City _____ Zip Code _____

Parent Name _____ Home Phone _____

Work Phone _____ Mobile Phone _____

Emergency Contact _____ Phone _____

School _____ Grade _____

Uniform Size (please circle): YS YM YL AS AM AL
"Y" – Youth "A" – Adult "S" – Small "M" – Medium "L" - Large

P.O. Box 6776 San Antonio, Texas 78209 (210) 828-7071 www.ahfsh.org

I, the parent/guardian for the minor child for whom this Registration Form is completed ("Registrant"), agree that Registrant and I will abide by the rules of the United States Youth Soccer Association ("USYSA"), Alamo Heights - Fort Sam Houston Youth Soccer ("AHFSH"), their affiliate organizations and sponsors. Recognizing the possibility of physical injury associated with soccer, and in consideration for the USYSA, AHFSH and their affiliate organizations, sponsors, employees, Board members, volunteers, coaches, trainers, associated personnel and insurers (collectively "Released Parties") accepting Registrant for participation in their soccer programs, which includes, but is not limited to, practices, games, camps, tournaments, scrimmages and other activities, (collectively, the "Programs"), **I hereby release, discharge and covenant not to sue Released Parties from and against any and all claims related to or arising from my and/or Registrant's participation in the Programs, any medical treatment rendered as a result of or in any way related to Registrant's participation in the Programs and/or any transportation to and from the Programs, including, but not limited to, claims of NEGLIGENCE AND GROSS NEGLIGENCE AGAINST RELEASED PARTIES BASED UPON THE ACTION OR INACTION OF RELEASED PARTIES**. I further agree to indemnify and hold harmless Released Parties from any claim, loss, liability, damage or cost, whether caused by the willful, negligent or grossly negligent act or omission of any kind on the part of Released Parties or others that Released Parties may incur that arises from or is in any way related to, directly or indirectly, my and Registrant's observation of or participation in the Programs, whether on Released Parties' premises or any other premises where the Programs are conducted.

_____ _____

Parent / Guardian Signature Date

I, the parent/guardian for Registrant, authorize and consent to any emergency medical treatment for Registrant as may be deemed medically necessary where such treatment arises out of or is in any way related to Registrant's participation in the Programs. I agree to be responsible for all necessary charges incurred by any treatment rendered pursuant to this authorization.

_____ _____

Parent / Guardian Signature Date

DO NOT WRITE BELOW THIS LINE – LEAGUE USE ONLY

Date Registration Received: _____

Registration Fee ($20): _____ _____

Received By (initials) Cash or Check No.