

TOPSoccer Registration Form Spring 2020

A program of:

Mississippi Rush

Ridgeland Parks & Rec Dept.



Registration ends March 7, 2020

Cost is \$5 to all players that did not participate in the Fall season at Freedom Ridge Park. Make checks payable to Mississippi Rush. Check here _____ if you cannot pay the five dollars and you wish to have it waived.

Cost is \$0 to all players that did participate in the Fall season at Freedom Ridge Park.

Mail forms to:

Mississippi Rush

PO Box 767

Madison, MS 39130

Phone or Fax: 601-978-2214 Web: www.topsoccerms.com

Player Information:

Last Name: _____ First Name: _____ Home Email: _____

Address: _____ City: _____ Zip Code: _____ Home Phone #: _____

Male: _____ Female: _____ Current Age: _____ Birthdate: _____

Please describe your child's disability: _____

Can your child be photographed or filmed and the photography be used in the media? YES NO

Parents Information:

Dad's Last Name: _____ First Name: _____ Cell: _____

Mom's Last Name: _____ First Name: _____ Cell: _____

Other Email Addresses (Please specify home/work/other) 1. _____ 2. _____

Select Uniform sizes if your child **DID NOT** play in the Fall of 2020.

Uniform Sizes: Jersey Size: XS YS YM YL AS AM AL AXL A2X A3X A4X

Shorts Size: XS YS YM YL AS AM AL AXL A2X A3X A4X

*******THE FOLLOWING MUST BE READ AND SIGNED FOR REGISTRATION TO BE VALID*******

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Mississippi Rush and Ridgeland Parks & Rec Dept, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with sports and in consideration for the Mississippi Rush and Ridgeland Parks & Rec Dept accepting the registrant for its sports programs and activities (the programs), I hereby release, discharge and/or otherwise indemnify the Mississippi Rush and Ridgeland Parks & Rec Dept, its affiliated organizations and sponsors, their employees, and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same which transportation I hereby authorize. And, as the parent and legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signature of Parent/Guardian: _____ **Date:** _____