

River Soccer Club
TOPSOCCER
Registration Form
FALL 2011

Complete this registration form and mail to:

RSC TOPSOCCER
% Howard Gerken
31708 Train Lane
Dagsboro, DE 19939

First Name: _____ Last Name: _____

Age: _____ Birth Date: _____ Gender: Male or Female

Shirt Size: (YM, YL, AS, AM, AL, or AXL) _____ School _____

Mailing Address: _____

Town: _____ State: _____ Zip: _____

Parents Name: _____

Home Phone No: _____ Cell Phone No.: _____

Email Address: _____

Medical History: _____

PLAYER RELEASE

My child _____ has my permission to participate in the River Soccer Club TOPSOCCER Program. I hereby assume the risk of all accidents and of all personal injury and any other loss or damage which he/she may suffer while participating in this program. I hereby absolve the River Soccer Club, its officers and Board of Directors, and its coaches, agents, servants, employees and instructors, and other volunteer workers, from all liability of any personal injury, loss or damage that he/she sustains as a result of him/her being injured while participating in the Recreational Soccer Program. I certify that my child is healthy enough to participate in the TOPSoccer Program. I also certify that my child is covered under an accident and health insurance policy which covers his/her participation in this program.

(Parent's Signature)

(Date)