

Southern Illinois Soccer League



TOPSoccer Program

Medical & Image Release

I am the parent/legal guardian of _____ and on whose behalf I have submitted the attached Athletes' Application/Agreement to participate in the SISL TOPSoccer Program.

I hereby declare and warrant that to the best of my knowledge and belief that he/she is both physically and mentally able to participate in TOPSoccer. With my approval, a licensed physician has certificated that, based on an independent medical examination; there is no medical evidence that would preclude his/her participation in TOPSoccer. I also understand that if he/she has been diagnosed to have Down Syndrome, a radiological examination for the purpose of determining the presence or absence of atlantoaxial instability is required for his/her participation in TOPSoccer.

I further understand that my presence or the presence of my spouse or other legal guardian is required at all SISL TOPSoccer Program events, including but not limited to practices, games, festivals, etc. in which he/she participates. I clearly understand the reason for the required presence of a parent or guardian for TOPSoccer activities is based in part on issues surrounding emergency care should it be needed.

In permitting my son/daughter to participate in the SISL TOPSoccer Program, I specifically grant my permission for TOPSoccer to use his/her likeness, name, voice and/or words in television, radio, film, newspaper, magazine and/or other media for the purpose of informational outreach for TOPSoccer and/or seeking funds and other types support for TOPSoccer.

As the parent/legal guardian of _____, I have read and understand fully each of the above provisions. Through my signature on this consent form, I acknowledge and agree with each of the above provisions on my behalf and that of my participate child. I also recognize the potential risk(s) that

are involved with my child's participation in TOPSoccer and agree to hold harmless the SISL TOPSoccer coaches, volunteers and others involved in the administering this program should harm relating to his/her disability(ies) occur to my child when he/she is participating in TOPSoccer.

I hereby declare that _____ has my permission to participate in TOPSoccer.

Signature of Parent or Guardian _____

Date _____