

# Madison Soccer League TOP Soccer Volunteer ("Buddy") Sign-Up

## Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last Name First Name Month Day Year

Today's Date \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Sex (circle one): M F

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

T-shirt size (circle one): **Adult** 2X XL L M S **Youth** L M S

Are you a returning buddy? (circle one) Yes No

Medical Information: Do you have any medical/surgical problems that a coach or manager should know about? (If yes, please describe) No Yes



## Waiver and Release

### **WAIVER OF LIABILITY**

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of Madison TOP Soccer, the Ohio Youth Soccer Association North and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for Madison TOP Soccer and OYSAN accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify Madison TOP Soccer, the OYSAN, its affiliated organizations and sponsor and 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.

### **CONSENT FOR MEDICAL TREATMENT**

As the parent or 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.

Volunteer's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_