



PLAYER

* VOLUNTEER

Beyond TOPS Registration Form & Liability Waiver

Required for each player and student volunteer as well as each adult/parent volunteer.

Last Name: _____ First Name: _____ Date of Birth: _____

**Volunteers age 18+ must complete an Adult Registration through Mass Youth Soccer in order for a CORI to be completed.*

Full Address: _____

Email(s): _____ Home Phone: _____

Parent/Guard #1(name & cell): _____ Parent/Guard #2 (name & cell): _____

Emergency Contact (other than above): _____ Phone: _____

Shirt issued: YS YM YL AS AM AL AXL AXXL Ball issued (players, only): size 3 size 4

One-Time Release of Liability

This one-time form must be completed and signed before a player or volunteer may participate in Beyond TOPS program activities. By signing this form, I attest that I am the non-minor player or volunteer named above, or legal guardian of the above-named minor player or volunteer, that I affirm having read the form and acknowledge having had sufficient opportunity to have this agreement reviewed by counsel. On my own behalf and on behalf of my heirs, successors, and assigns, I hereby forever release and discharge and agree to indemnify and hold harmless Beyond TOPS, its agents, servants and employees from any and all liabilities, claims, costs, demands, or causes of action, whether known or unknown ("claims") that I may have now or hereafter have for injuries or damages arising out of my participation in any Beyond TOPS program activities. I understand that adults and children of varying ages and sizes will interact with myself and/or my minor child in the normal course of participation, and understand and acknowledge that dangers of personal injury are inherent in participation in such activities. I expressly and voluntarily assume all risks of death or personal injury sustained during participation, including but not limited to the risks incurred in all such activities and those arising from hidden, latent, or obvious defects in equipment or facilities used. I acknowledge the possibility that my successors or I may not fully know the number or magnitude of all claims, and agree that this release is a full and final release of all claims. The release is intended to be binding on my heirs and assigns. This release is being signed in consideration for the opportunity to participate in Beyond TOPS program activities and events. It is an agreement made under seal and is governed by Massachusetts law. Falsification of this release shall be construed to relieve Beyond TOPS, its agents, servants, and employees from any liability or responsibility as set forth above.

Additionally, as the non-minor player or volunteer, or guardian of the above-named player or volunteer, I hereby give my consent for emergency medical care prescribed by a licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to reserve life, limb or well-being of myself or my dependent. I also agree that Beyond TOPS may utilize pictures and names of myself and/or my dependent(s) on its website, related sites, in promotional materials, and communications, and that Beyond TOPS may share my name and addresses with other related programs or similar organizations.

Sign and date here _____ if you do **NOT** wish your likeness or information shared.

Player or Volunteer **age 18+** (please print) _____ Signature _____ Date _____

Parent/Guardian of **Minor** Player/Volunteer (please print) _____ Parent/Guardian Signature _____ Date _____

PLAYERS ONLY: One-Time Medical Authorization *(not for volunteers)*

Player's Name (please print): _____

Medical condition(s): _____

I authorize that this individual is under my care and is medically cleared to participate in the various activities of the Beyond TOPS program (soccer, basketball, bowling, talent show, etc.)

Physician Name (please print) _____ Signature _____ Date _____

REV 9-17 BeyondTOPS is a 501c3 non-profit organization(EIN #456073643) and is run entirely by volunteers. We are proud partners with:

