

**TOPSoccer Registration Form Spring 2023**

**A program of:  
Mississippi Futbol Club  
Ridgeland Parks & Rec Dept.**



**Registration begins February 14, 2023  
Cost is \$0 to all players that played in Fall 2022  
Cost is just \$5 to all new players  
Check \_\_\_\_ here is you wish to have this fee waived**

**Mail forms to:  
Mississippi Futbol Club  
PO Box 767  
Madison, MS 39130  
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. \_\_\_\_\_

**\*\*\*\*\*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 Futbol Club 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 Futbol Club 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 Futbol Club 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: \_\_\_\_\_**