

TOPSoccer Registration Form Spring 2025

Sponsored By:

Ridgeland Parks & Rec. Dept, Mississippi Rush, Capelli Sports and Mississippi Soccer Association



Registration begins February 7, 2025
Cost is \$0 to all players that played in Fall 2024
Cost is just \$5 to all new players
Check here if you wish to have this fee waived

Mail forms to:
Mississippi Futbol Club
PO Box 767
Madison, MS 39130
www.topsoccerms.com

Last Name: _____ First Name: _____ Home Email: _____
Address: _____ City: _____ Zip Code: _____ Phone: _____
Male: Female: Current Age: _____ Birthday: _____
Please describe the player's special needs: _____

ATLANTO-AXIAL INSTABILITY ASSESSMENT FOR ATHLETES WITH DOWN SYNDROME

If the player listed above has Down Syndrome, TOPSoccer requires a full radiological examination establishing the absence of Atlanto-Axial Instability before she/he may participate in TOPSoccer, which, by its nature, may result in hyperextension, radical flexion or direct pressure on neck or upper spine.

Has an x-ray evaluation for atlanto-axial instability been done? Yes No Date of X-ray _____

If yes, was it Positive for atlanto-axial instability? Yes No

Can your child be photographed or filmed and the photography be used in the media? Yes No

Dad's Last Name: _____ First Name: _____ Cell: _____

Mom's Last Name: _____ First Name: _____ Cell: _____

Select Uniform sizes if you did NOT play Fall of 2024(New Players Only)

Uniform Sizes: Jersey Size: XS YS YM YL AS AM AL AXL A2XL A3XL A4XL

Shorts Size: XS YS YM YL AS AM AL AXL A2XL A3XL A4XL

*****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 Ms Futbol Club, Ridgeland Parks & Rec Dept., Capelli Sports and the Mississippi Soccer Association, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with sports and in consideration for the Ms Futbol Club, Ridgeland Parks & Rec Dept., Capelli Sports AND the Mississippi Soccer Association accepting the registrant for its sports programs and activities (the programs), I hereby release, discharge and/or otherwise indemnify the Ms Futbol Club, Ridgeland Parks & Rec Dept. , Capelli Sports and the Mississippi Soccer Association, 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: _____