



TOPSoccer Player Registration

This year The Parent Circle Support Group and The SPOT will be partnering to support TOPSoccer participants. Please email completed applications to: Candice Coker @ MeridianSports23@gmail.com or at 409.673.1907 on her cell phone. Additional information is available on www.TheSPOTFamily.com website.

- **What is TOPSoccer?** TOPSoccer is a community-based soccer program that is designed for athletes with special needs. TOPSoccer is provided through Meridian Youth Soccer Organization, which is affiliated with Mississippi Soccer Association and United States Soccer Association.
- **When is TOPSoccer?** TOPSoccer will take place on three consecutive Fridays (Friday, October 13th, Friday, October 20th, and Friday, October 27th). The event will be from 5:30 to 6:30.
- **Where is TOPSoccer?** TOPSoccer will take place at the Jaycee Complex, which is located at 1500 Old 8th Street Road, Meridian, MS 39307.
- **How much does it cost to participate in TOPSoccer?** The cost is absolutely nothing. It's **free** and all we ask is to please register for this great event!
- For more information, please contact Candice Coker at @ MeridianSports23@gmail.com or at 409.673.1907 on her cell phone.
- TOPSoccer will conclude on Friday, October 27th with a medal ceremony!

Player Information:

Last Name: _____, First Name _____ M.I. _____

Age _____ Birth Date _____ Male Female Energy Level 1 2 3 4 5

Address _____ City _____ State _____ Zip _____

Home Phone# _____ Cell# _____

Describe Player's Special Need(s) and/or Accommodations Required _____

Provide Details of Players Behavior Tendencies and Special Concerns _____

Uniform Information: *Circle Shirt Size (NOTE: JERSEYS RUN SMALL, PLEASE ORDER ONE SIZE UP; JERSEYS TO BE WORN OVER THE ATHLETE'S CLOTHES)* YS YM YL YXL

AS AM AL XL XXL **Caregiver Information:**
Name _____ Email _____

Home Phone# _____ Cell# _____

INFORMED CONSENT: I, the parent/guardian of the Registrant, agree that we will abide by the rules of Meridian Youth Soccer Organization and all of its affiliate organizations. My/Our child wished to participate in TOPSoccer and I/we realize risks are involved in my/our child's participation. I/we understand that the risk to my/our child include a full range of injuries from minor to severe, and the result could be death, paralysis, or other serious, permanent disabilities. I/we accept this risk as a condition of my/our child's participation. Signing this consent allows my/our child to participate and is my Waiver and Release of Liability & Consent to Medical Treatment and Media Released (Photography, Video, and/or Social Media).

Parent/Guardian Signature _____ Date: _____

Player Signature: _____ Date: _____