



TOPSoccer (The Outreach Program for Soccer) is a community-based training and team placement program for athletes with disabilities. The program is designed to bring the opportunity of learning and playing soccer to anyone with a disability. Our goal is to enable community members with disabilities to become valued and successful members of the BRSC family. Registration is free. Please complete form at the bottom and return to a BRSC representative.

UPCOMING TOPSOCCER EVENTS

Wednesday, October 9, 2019 - Independence Park, Field 7, 10am-11:30am

Rainout Date of Wednesday, October 16, 2019

Wednesday, November 6, 2019 - Independence Park, Field 7, 10am-11:30am

Contact: *Kiran Booluck at kbooluck@brsoccer.org*

Name: _____ Sex: M F D.O.B.: _____

Address: _____ Phone: _____

Parent Name: _____ Phone: _____ Email: _____

Parent Name: _____ Phone: _____ Email: _____

Media Release: To be used for social media and some promotional material. Players' names and other information will not be released.

By signing this release form, I authorize the Baton Rouge Soccer Club (BRSC) to use the following personal information:

(1) My picture - including photographic, motion picture, and electronic (video) images.

(2) My voice - including sound and video recordings.

I hereby grant to BRSC, its subsidiaries, licensees, successors and assigns, the right to use, publish, and reproduce, for all purposes, my name, pictures of me in film or electronic (video) form, sound and video recordings of my voice, and printed and electronic copy of the information described in sections (1) and (2) above in any and all media including, without limitation, cable and broadcast television and the Internet, and for exhibition, distribution, promotion, advertising, sale, press conferences, meetings, hearings, educational conferences and in brochures and other print media. This permission extends to all languages, media, formats and markets now known or hereafter devised. This permission shall continue forever unless I revoke the permission in writing.

Parent/Guardian Signature: _____ **Date:** _____

Medical Waiver: I, the parent/guardian of the registrant, agree that I and the registrant will abide by the rules of this Association (BRSC), the Louisiana Soccer Association (LSA), the United States Soccer Federation (USSF) and their affiliated organizations. Recognizing the possibility of physical injury associated with soccer, and in consideration of the registrant being accepted as a participant in the BRSC soccer program, I hereby, agree to indemnify BRSC, LSA, and the USSF, their affiliated organizations, and all persons, officers, coaches, and officials, including the owners of fields and facilities used in the programs, for actions taken by the registrant; and hold harmless BRSC, LSA, the USSF, their affiliated organizations, and all persons, officers, coaches, and officials, including the owners of fields and facilities used in the program, from any and all liability of every nature, kind and description as a result of injury, hurt, or damage sustained by the registrant as a result of his/her participation in the BRSC soccer program and/or being transported to or from the same.

Parent/Guardian Signature: _____ **Date:** _____